THE INTERNATIONAL JOURNAL
OF
PSYCHO-ANALYSIS

VOLUME XIV JANUARY 1933 PART 1

ORIGINAL PAPERS

THE PHALLIC PHASE [1]

BY

ERNEST JONES

If one studies closely the many important contributions made in the past ten years, particularly by women analysts, to the admittedly obscure problems relating to the early development of female sexuality one perceives an unmistakable disharmony among the various writers, and this is beginning to shew also in the field of male sexuality. Most of these writers have been laudably concerned to lay stress on the points of agreement with their colleagues, so that the tendency to divergence of opinion has not always come to full expression. It is my purpose here to investigate it unreservedly in the hope of crystallizing it. If there is confusion it is desirable to clear it up ; if there is a divergence of opinion we should, by defining it, be able to set ourselves interesting questions for further research.

For this purpose I will select the theme of the phallic phase. It is fairly circumscribed, but we shall see that it ramifies into most of the deeper and unsolved problems. In a paper read before the Innsbruck Congress in 1927,[2] I put forward the suggestion that the phallic phase in the development of female sexuality represented a secondary solution of psychical conflict, of a defensive nature, rather than a simple and direct developmental process ; last year Professor Freud [3]

[1] Read in brief before the Twelfth International Psycho-Analytical Congress, Wiesbaden, September 4, 1932, and in full before the British Psycho-Analytical Society, October 19 and November 2, 1932.

[2] ' The Early Development of Female Sexuality ', this JOURNAL, 1927, Vol. VIII, pp. 468–9.

[3] Freud : ' Female Sexuality ', this JOURNAL, 1932, Vol. XIII, p. 297.

declared this suggestion to be quite untenable. Already at that time I had in mind similar doubts about the phallic phase in the male also, but did not discuss them since my paper was concerned purely with female sexuality; recently Dr. Horney [4] has voiced scepticism about the validity of the concept of the male phallic phase, and I will take this opportunity to comment on the arguments she has advanced.

I will first remind you that in Freud's [5] description of the phallic phase the essential feature common to both sexes was the belief that only one kind of genital organ exists in the world—a male one. According to Freud, the reason for this belief is simply that the female organ has at this age not yet been discovered by either sex. Human beings are thus divided, not into those possessing a male organ and those possessing a female organ, but into those who possess a penis and those who do not: there is the penis-possessing class and the castrated class. A boy begins by believing that everyone belongs to the former class, and only as his fears get aroused does he begin to suspect the existence of the latter class. A girl takes the same view, save that here one should at first use the corresponding phrase, 'clitoris-possessing class'; and only after comparing her own with the male genital does she form a conception of a mutilated class, to which she belongs. Both sexes strive against accepting the belief in the second class, and both for the same reason, namely—from a wish to disbelieve in the supposed reality of castration. This picture as sketched by Freud is familiar to you all, and the readily available facts of observation from which it is drawn have been confirmed over and again. The interpretation of the facts, however, is of course another matter and is not so easy.

I would now call your attention to a consideration which is implied in Freud's account, but which needs further emphasis for the sake of clarity. It is that there would appear to be two distinct stages in the phallic phase. Freud would, I know, apply the same term, 'phallic phase', to both, and so has not explicitly subdivided them. The first of the two—let us call it the *proto-phallic phase*—would be marked by innocence or ignorance—at least in consciousness—where there is no conflict over the matter in question, it being confidently assumed by

[4] Karen Horney: 'The Dread of Women', this JOURNAL, 1932, Vol. XIII, p. 353.

[5] Freud: 'The Infantile Genital Organisation of the Libido', *Collected Papers* (International Psycho-Analytical Library, 1924), Vol. II, p. 245.

the child that the rest of the world is built like itself and has a satisfactory male organ—penis or clitoris, as the case may be. In the second or *deutero-phallic phase* there is a dawning suspicion that the world is divided into two classes: not male and female in the proper sense, but penis-possessing and castrated (though actually the two classifications overlap pretty closely). The deutero-phallic phase would appear to be more neurotic than the proto-phallic—at least in this particular context. For it is associated with anxiety, conflict, striving against accepting what is felt to be reality, i.e. castration, and over-compensatory emphasis on the narcissistic value of the penis on the boy's side with a mingled hope and despair on the girl's.

It is plain that the difference between the two phases is marked by the idea of castration, which according to Freud is bound up in both sexes with actual observation of the anatomical sex differences. As is well known, he [6] is of opinion that the fear or thought of being castrated has a weakening effect on the masculine impulses with both sexes. He considers that with the boy it drives him away from the mother and strengthens the phallic and homosexual attitude, i.e. that the boy surrenders some of his incestuous heterosexuality to save his penis; whereas with the girl it has the more fortunate opposite effect of impelling her into a feminine, heterosexual attitude. According to this view, therefore, the castration complex weakens the boy's Œdipus relationship and strengthens the girl's; it drives the boy *into* the deutero-phallic phase, while—after a temporary protest on that level—it drives the girl *out of* the deutero-phallic phase.

* * * * *

As the development of the boy is supposed to be better understood, and is perhaps the simpler of the two, I will begin with it. We are all familiar with the narcissistic quality of the phallic phase here, which Freud says reaches its maximum about the age of four, though it is certainly manifest long before this [7]; I am speaking particularly of the deutero-phallic phase. There are two outstanding differences between it and the earlier stages: (1) it is less sadistic, the main relic

[6] Freud: 'Some Psychological Consequences of the Anatomical Distinction between the Sexes', this JOURNAL, 1927, Vol. VIII, pp. 133, 141.

[7] When this paper was read before the British Psycho-Analytical Society three child analysts (Melanie Klein, Melitta Schmideberg and Nina Searl) gave it as their experience that traces of the *deutero*-phallic phase can be detected before the end of the first year.

of this being a tendency to omnipotence phantasies ; and (2) it is more self-centred, the chief allo-erotic attribute still remaining being its exhibitionistic aspect. It is thus less aggressive and less related to other people, notably to women. How has this change been brought about ? It would seem to be a change in the direction of phantasy and away from the real world of contact with other human beings. If so, this would in itself justify a suspicion that there is a flight element present, and that we have not to do simply with a natural evolution towards greater reality and a more developed adjustment.

This suspicion is very evidently borne out in one set of circumstances, namely—when the phallic phase persists into adult life. In applying the psycho-analytic microscope to investigate a difficult problem we may make use of the familiar magnification afforded by neurosis and perversion. Elucidation of the operative factors there gives us pointers to direct our attention in examining the so-called normal ; as will be remembered, this was the path Freud followed to reach in general the infantile sexuality of the normal. Now with these adult cases it is quite easy to ascertain the presence of secondary factors in the sexual life, factors particularly of fear and guilt. The type I have especially in mind is that of the man, frequently hypochondriacal, who is concerned with the size and quality of his penis (or its symbolic substitutes) and who shows only feeble impulses towards women, with in particular a notably weak, or even non-existent, impulse towards penetration ; narcissism, exhibitionism (or undue modesty), masturbation and a varying degree of homosexuality are common accompanying features. In analysis it is easily seen that all these inhibitions are repressions or defences motivated by deep anxiety ; the nature of the anxiety I shall discuss presently.

Having our eyes sharpened by such experiences to the secondary nature of narcissistic phallicism, we may now turn to similar attitudes in boyhood—I am again referring to the deutero-phallic phase and in pronounced examples—and I maintain that we find there ample evidence to come to a similar conclusion. To begin with, the picture is essentially the same. There is the narcissistic concentration on the penis, with doubts or uncertainties about its size and quality. Under the heading of ' secondary reinforcement of penis-pride ', Melanie Klein [8] has in her recent book discussed at length the value of the

[8] Melanie Klein : *The Psycho-Analysis of Children* (International Psycho-Analytical Library, 1932), p. 341.

penis to the boy in mastering deep anxieties from various sources, and she maintains that the narcissistic exaggeration of phallicism—i.e. the phallic phase, although she does not use that term in this connection—is due to the need of coping with specially large amounts of anxiety.

It is noteworthy how much of the boy's sexual curiosity of this period, to which Freud [9] called special attention in his original paper on the subject, is taken up, not with interest in females, but with comparisons between himself and other males. This is in accord with the striking absence of the impulse towards penetration, an impulse which would logically lead to curiosity and search for its complement. Karen Horney [10] has rightly called special attention to this feature of inhibited penetration, and as the impulse to penetrate is without doubt the main characteristic of penis functioning it is surely remarkable that just where the idea of the penis dominates the picture its most salient characteristic should be absent. I do not for a moment believe that this is because the characteristic in question has not yet been developed, a retardation due perhaps to simple ignorance of a vaginal counterpart. On the contrary, in earlier stages—as child analysts in particular have shewn—there is ample evidence of sadistic penetrating tendencies in the phantasies, games and other activities of the male infant. And I quite agree with Karen Horney [11] in her conclusion that 'the undiscovered vagina is a denied vagina'. I cannot resist comparing this supposed ignorance of the vagina with the current ethnological myth that savages are ignorant of the connection between coitus and fertilization. In both cases they know, but do not know that they know. In other words, there is knowledge, but it is *unconscious knowledge*—revealed in countless symbolic ways. The conscious ignorance is like the 'innocence' of young women—which still persists even in these enlightened days; it ismerely unsanctioned or dreaded knowledge, and it therefore remains unconscious.

Actual analysis in adult life of the memories of the phallic stage yields results that coincide with the state of affairs where the phallic stage has persisted into adult life, as mentioned above, and also with the results obtained from child analysis [12] during the phallic stage itself. They are, as Freud first pointed out, that the narcissistic con-

---

[9] Freud: 'The Infantile, etc.', *Op. cit.*, p. 246.

[10] Karen Horney: 'The Dread, etc.', *Op. cit.*, pp. 353, 354.

[11] Karen Horney: 'The Dread, etc.', *Op. cit.*, p. 358.

[12] See in particular Melanie Klein: *The Psycho-Analysis of Children.*

centration on the penis goes hand in hand with dread of the female genital. It is also generally agreed that the former is secondary to the latter, or at all events to the fear of castration. It is not hard to see, further, that these two fears—of the female genital and of castration—stand in a specially close relationship to each other, and that no solution of the present group of problems can be satisfactory which does not throw equal light on both.

Freud himself does not use the word 'anxiety' in regard to the female genital, but speaks of 'horror' (*Abscheu*) of it. The word 'horror' is descriptive, but it implies an earlier dread of castration, and therefore demands an explanation of this in its turn. Some passages of Freud's read as if the horror of the female were a simple phobia protecting the boy from the thought of castrated beings, as it would from the sight of a one-legged man, but I feel sure he would admit a more specific relationship than this between the idea of castration and the particular castrated organ of the female; the two ideas must be innately connected. I think he implies that this horror is an associative reminder of what awful things, i.e. castration, happen to people (like women) who have feminine wishes or who get treated as women. It is certainly plain, as we have long known, that the boy here equates copulation with castration of one partner; and he evidently fears lest he might be that unfortunate partner. In this connection we may remember that to the neurotic phallic boy the idea of the female being castrated involves not simply a cutting off, but an opening being made into a hole, the well-known 'wound theory' of the vulva. Now in our everyday practice we should find it hard to understand such a fear except in terms of a repressed wish to play the feminine part in copulation, evidently with the father. Otherwise castration and copulation would not be equated. A fear of this wish being put into effect would certainly explain the fear of being castrated, for by definition it is identical with this, and also the 'horror' of the female genital, i.e. a place where such wishes had been gratified. But that the boy equates copulation with castration seems to imply a previous knowledge of penetration. And it is not easy on this hypothesis to give adequate weight to the well-known connection between the castration fear and rivalry with the father over possession of the mother, i.e. to the Œdipus complex. But we can at least see that the feminine wish must be a nodal point in the whole problem.

There would seem to be two views on the significance of the phallic phase, and I shall now attempt to ascertain in what respect they are

opposed to each other and how far they may be brought into harmony. We may call them the simple and the complex view respectively. On the one hand, the boy, in a state of sex ignorance, may be supposed to have always assumed that the mother has a natural penis of her own until actual experience of the female genital, together with ideas of his own concerning castration (particularly his equating of copulation with castration), makes him reluctantly suspect that she has been castrated. This would accord with his known wish to believe that the mother has a penis. This simple view rather skims over the evidently prior questions of where the boy gets his ideas of copulation and castration from, but it does not follow that these could not be answered on this basis ; that is a matter to be held in suspension for the moment. On the other hand, the boy may be supposed to have had from very early times an unconscious knowledge that the mother has an opening —and not only the mouth and anus—into which he could penetrate. The thought of doing so, however, for reasons we shall discuss in a moment, brings the fear of castration, and it is as a defence against this that he obliterates his impulse to penetrate, together with all idea of a vagina, replacing these respectively by phallic narcissism and insistence on his mother's similar possession of a penis. The second of these views implies a less simple—and avowedly a more remote—explanation of the boy's insistence on the mother's having a penis. It is, in effect, that he dreads her having a female organ more than he does her having a male one, the reason being that the former brings the thought and danger of penetrating into it. If there were only male organs in the world there would be no jealous conflict and no fear of castration ; the idea of the vulva must precede that of castration. If there were no dangerous cavity to penetrate into there would be no fear of castration. This is, of course, on the assumption that the conflict and danger arise from his having the same wishes as his father, to penetrate into the same cavity ; and this I believe—in conjunction with Melanie Klein and other child analysts—to be true of the earliest period, and not simply after the conscious discovery of the cavity in question.

We come now to the vexed question of the source of castration fears. Various authors hold different views on this question. Some of them are perhaps differences in accent only ; others point to opposing conceptions. Karen Horney,[13] who has recently discussed the matter in relation to the boy's dread of the female genital, has very definite views

[13] Karen Horney ' The Dread, etc.', *Op. cit.*, p. 351.

on the matter. Speaking of the dread of the vulva she says : ' Freud's account fails to explain this anxiety. A boy's castration-anxiety in relation to his father is not an adequate reason for his dread of a being whom this punishment has already overtaken. Besides the dread of the father there must be a further dread, the object of which is the woman or the female genital '. She even maintains the exceptional opinion that this dread of the vulva is not only earlier than that of the father's penis—whether external or concealed in the vagina—but deeper and more important than it ; in fact much of the dread of the father's penis is artificially put forward to hide the intense dread of the vulva.[14] This is certainly a very debateable conclusion, although we must admit the technical difficulty of quantitatively estimating the amount of anxiety derived from different sources. We listen with curiosity to her explanation of this intense anxiety in regard to the mother. She mentions Melanie Klein's view of the boy's talion dread born in relation to his sadistic impulses towards the mother's body, but the most important source of his dread of the vulva she would derive from the boy's fear of his self-esteem being wounded by knowing that his penis is not large enough to satisfy the mother, the mother's denial of his wishes being interpreted in this sense ; the talion dread of castration by the mother is later and less important than the fear of ridicule.[15] One often gets, it is true, a vivid clinical picture of how strong this motive can be, but I doubt whether Dr. Horney has carried the analysis of it far enough. In my experience the deep shame in question, which can certainly express itself as impotence, is not simply due to the fear of ridicule as an ultimate fact ; both the shame and the fear of ridicule proceed from a deeper complex—the adoption of a feminine attitude towards the father's penis that is incorporated in the mother's body. Karen Horney also calls attention to this feminine attitude, and even ascribes to it the main source of castration fear, but for her it is a secondary consequence of the dread of ridicule. We are here again brought back to the question of femininity and perceive that to answer it satisfactorily is probably to resolve the whole problem.

I will now try to reconstruct and comment on Karen Horney's argument about the connection between the dread of the vulva and the fear of castration. At the start the boy's masculinity and femininity are relatively free. Karen Horney quotes Freud's well-known

---

[14] Karen Horney : ' The Dread, etc.', *Op. cit.*, pp. 352, 356.

[15] Karen Horney : ' The Dread, etc.', *Op. cit.*, p. 357.

views on primal bisexuality in support of her belief that the feminine wishes are primary. There probably are such primary feminine wishes, but I am convinced that conflict arises only when they are developed or exploited as a means of dealing with a dreaded father's penis. However, Karen Horney thinks that before this happens the boy has reacted to his mother's denial of his wishes and, as described above, feels shame and a deep sense of inadequacy in consequence. As a result of this he can no longer express his feminine wishes freely. There is a gap in the argument here. In the first place we are to assume that the boy at once equates his phallic inadequacy with femaleness, but it is not explained how the equation is brought about. At all events, he is now ashamed of his earlier feminine wishes and dreads these being gratified because it would signify castration at the hands of the father; in fact, this is the essential cause of these castration fears. Surely there is another big gap in the argument here. How does the father suddenly appear on the scene? The essential point in the argument, and one on which I would join issue with Dr. Horney, would appear to be that the boy's sense of failure due to his mother's refusal leads him to fall back from his masculine wishes to feminine ones, which he then applies to the father but dreads to have gratified because of the admission they imply of his masculine inferiority (as well as the equivalence of castration). This is rather reminiscent of Adler's early views on the masculine protest. My experience leads me, on the contrary, to see the crucial turning-point in the Œdipus complex itself, in the dreaded rivalry with the father. It is to cope with this situation that the boy falls back on a feminine attitude with its risk of castration. Whereas Dr. Horney regards the feminine attitude as a primary one which the boy comes to repress because of the fear of ridicule of his masculine inferiority, this fear being the active dynamic agent, I should consider that the sense of inferiority itself, and the accompanying shame, are both secondary to the feminine attitude *and to the motive for this*. This whole group of ideas is strongest in men with a 'small penis' complex, often accompanied by impotence, and it is with them that one gets the clearest insight into the genesis. What such a man is really ashamed of is not that his penis is 'small', but the reason *why* it is 'small'.

On the other hand I fully agree with Karen Horney and other workers, notably Melanie Klein,[16] in the view that the boy's reaction

[16] Melanie Klein: 'Early Stages of the Œdipus Conflict', this JOURNAL, Vol. IX, 1928, p. 167.

to the crucial situation of the Œdipus complex is greatly influenced by his earlier relationship with his mother. But this is a much more complicated matter than wounded vanity: far grimmer factors are at work. Melanie Klein lays stress on the fear of the mother's retaliation for the boy's sadistic impulses against her body; and this independently of any thought of the father or his penis, though she would agree that the latter heightens the boy's sadism and thus complicates the picture. As she has pointed out in detail,[17] however, these sadistic impulses have themselves an elaborate history. We have to begin with the alimentary level to appreciate the nature of the forces at work. Privations on this level—especially perhaps oral privations—are undoubtedly of the greatest importance in rendering harder the later task of coping with the parents on the genital level, but we want to know exactly why this should be so. I could relate cases of a number of male patients whose failure to achieve manhood—in relation to either men or women—was strictly to be correlated with their attitude of needing first to acquire something from women, something which of course they never actually could acquire. Why should imperfect access to the nipple give a boy the sense of imperfect possession of his own penis? I am quite convinced that the two things are intimately related, although the logical connection between them is certainly not obvious.

I do not know to what extent a boy in the first year of life feels sure his mother has a genital organ like his own, on grounds of natural identification, but my impression is that any such idea has no serious interest for him until it gets involved in other associations. The first of these would appear to be the symbolic equivalency of nipple and penis. Here the mother's penis is mainly a more satisfying and nourishing nipple, its size alone being an evident advantage in this respect. Now how precisely does a bilateral organ, the breast, get changed into a medial one, the penis? When this happens does it mean that the boy, perhaps from his experiences or phantasies of the primal scene, has already come across the idea of the father's penis, or is it possible that even before this his early masturbatory experiences —so often associated with oral ones—together with the commonly expressed oral attitude towards his own penis, alone suffice for the identification? I am inclined to the latter opinion, but it is hard to get unequivocal data on the matter. Whichever of these alternatives

[17] Numerous publications in this JOURNAL.

is true, however, the attitude towards the mythical maternal penis must from the very first be ambivalent. On the one side there is the conception of a visible, and therefore accessible, friendly and nourishing organ which can be received and sucked. But on the other side the sadism stimulated by oral frustration—the very factor that first created the conception—must by projection create the idea of a sinister, hostile and dangerous organ which has to be destroyed by swallowing before the boy can feel safe. This ambivalence, beginning in regard to the mother's nipple (and nipple-penis), is greatly intensified when the father's penis becomes involved in the associations. And it does so, I feel convinced, very early in life—certainly by the second year. This may be quite irrespective of actual experiences, even of the father's very existence, and is generated mainly by the boy's own libidinal sensations in his penis with their inevitable accompaniment of penetrative impulses. The ambivalent attitude is intensified on both sides. On the one hand the tendency to imitate the father gets related to the idea of acquiring strength from him, first of all orally, and on the other hand we get the well-known Œdipus rivalry and hostility, which also is first dealt with in terms of oral annihilation.

These considerations relating to the oral level begin to throw light on the riddle I propounded earlier, namely, why so many men feel unable to put something into a woman unless they have first got something out of her ; why they cannot penetrate ; or—put more broadly —why they need to pass through a satisfactory feminine stage before they can feel at home in a masculine one. I pointed out earlier on that in the feminine wishes of the boy must lie the secret of the whole problem. The first clue is that this feminine stage is an alimentary one, primarily oral. Satisfaction of wishes in this stage have to precede masculine development ; failure in this respect results in fixation on the woman at an oral or anal level, a fixation which although originating in anxiety may become intensely eroticised in perverse forms.

I shall now try to proceed further in the answering of our riddle, and for the sake of simplicity shall consider separately the boy's difficulties with the mother and father respectively. But I must preface this by laying stress on its artificiality. When we consider the parents as two distinct beings, to be viewed separately one from the other, we are doing something that the infant is not yet capable of and something that does not greatly concern the infant in his (or her) most secret phantasies. We are artificially dissecting the elements of a concept (the ' combined parent concept ', as Melanie Klein well terms it) which

to the infant are still closely interwoven. The findings of child analysis lead us to ascribe ever increasing importance to the phantasies and emotions attaching to this concept, and I am very inclined to think that the expression ' pre-Œdipal phase ' used recently by Freud and other writers must correspond extensively with the phase of life dominated by the ' combined parent ' concept.

At all events let us consider first the relation to the mother alone. Leaving the father's penis quite out of account, we are concerned with the riddle of how the boy's acquiring something from the mother is related to his secure possession of the use of his own penis ? I believe this connection between the oral and the phallic lies in the sadism common to both. The oral frustration evokes sadism and the penetrating penis is used in phantasy as a sadistic weapon to reach the oral aims desired, to open a way to the milk, fæces, nipple, babies and so on, all of which the infant wants to swallow. The patients I alluded to earlier as having a perverse oral fixation on women were all highly sadistic. The equation tooth = penis is familiar enough, and it must begin in this sadistic pregenital stage of development. The sadistic penis has also important anal connections, *e.g.* the common phantasy of fetching a baby out of the bowel by the penis. The penis itself thus comes to be associated with the acquiring attitude, and thwarting of the latter to be identified with thwarting of the former ; i.e. not being able to get milk, etc., is equivalent to not being able to use the penis. The thwarting leads further to retaliation fears of the mother damaging the weapons themselves. This I have even found on occasion equated with the earliest frustration. The mother's withholding of the nipple gave her the character of a nipple or penis hoarder who would surely keep permanently any penis brought near her, and the boy's sadism can in such cases manifest itself—as a sort of double bluff—by a sadistic policy of withholding from the woman whatever she may desire, e.g. by being impotent.

Though this conflict with the mother no doubt lays the basis for later difficulties, my experience seems to teach me that greater importance is to be attached in the genesis of castration fear to the conflict with the father. But I have at once to add a very important proviso. In the boy's imagination the mother's genital is for so long inseparable from the idea of the father's penis dwelling there that one would get a very false perspective if one confined one's attention to his relationship to his actual ' external ' father ; this is perhaps the real difference between Freud's pre-Œdipal stage and Œdipus complex

proper. It is the hidden indwelling penis that accounts for a very great part of the trouble, the penis that has entered the mother's body or been swallowed by her—the dragon or dragons that haunt cloacal regions. Some boys attempt to deal with it on directly phallic lines, to use their penis in their phantasy for penetrating the vagina and crushing the father's penis there, or even—as I have many times found—by pursuing this phantasy to the length of penetrating into the father's body itself, i.e. sodomy. One sees again, by the way, how this illustrates the close interchangeability of the father and mother *imagines;* the boy can suck either or penetrate into either. What we are more concerned with here, however, is the important tendency to deal with the father's penis on feminine lines. It would be better to say 'on apparently feminine lines', for true feminine lines would be far more positive. Essentially I mean 'on oral- and anal-sadistic lines', and I believe it is the annihilation attitude derived from this level that affords the clue to the various apparently feminine attitudes: the annihilation is performed by the mouth and anus, by teeth, fæces and—on the phallic level—urine. Over and again I have found this hostile and destructive tendency to lie behind not merely the obviously ambivalent attitude in all femininity in men, but behind the affectionate desire to please. After all, apparently complacent yielding is the best imaginable mask for hostile intentions. The ultimate aim of most of this femininity is to get possession of, and destroy, the dreaded object. Until this is done the boy is not safe; he cannot really attend to women, let alone penetrate into them. He also projects his oral and anal destructive attitude, which relates to the father's penis, on to the cavity that is supposed to contain it. This projection is facilitated by association with the earlier sadistic impulses, oral and phallic, against the mother's body, with their talion consequences. Destruction of the father's penis further means robbing the penis-loving mother of her possession. To penetrate into this cavity would therefore be as destructive to his own penis as he knows penetration of his father's penis into his mouth would be to it. We thus obtain a simple formula for the Œdipus complex: my (so-called feminine, i.e. oral destructive) wishes against my father's penis are so strong that if I penetrate into the mother's vagina with them still in my heart the same fate will happen to me, i.e. if I have intercourse with my mother my father will castrate me. Penetration is equated with destruction, or—to recur to the more familiar phrase used earlier—copulation is equated with castration. But—and this is the vital point—what

is at stake is not castration of the mother, but of the boy or else his father.

After having considered the various sources of castration anxiety, and the problem of femininity in the male, I now return to the original question of why the boy in the phallic phase needs to imagine that his mother really has a penis, and I will couple with it the further question —not often raised—of whose penis it really is. The answer is given in preceding considerations, and to avoid repetition I will simply express it as a statement. *The presence of a visible penis in the mother would signify at once a reassurance in respect of the early oral needs, with a denial of any need for dangerous sadism to deal with privation, and above all a reassurance that no castration has taken place, that neither his father nor himself is in danger of it.* This conclusion also answers the question of whose penis it is the mother must have.[18] It is her own only in very small part, the part derived from the boy's earliest oral needs. To a much greater extent it is the father's penis ; though it may also in a sense be said to be the boy's own, inasmuch as his fate is bound up with it through the mutual castration danger to both his father and himself.

The reason why actual sight of the female genital organ signalises the passage from the proto- to the deutero-phallic phase has also to be given. Like the experiences of puberty, it makes manifest what had previously belonged solely to the life of phantasy. It gives an actuality to the fear of castration. It does this, however, not by conveying the idea that the father has castrated the mother—this is only a mask of rationalisation in consciousness—but by arousing the possibility that a dangerous repressed wish may be gratified in reality, namely, the wish to have intercourse with the mother and to destroy the father's penis. In spite of various suggestions to the contrary, the Œdipus complex provides the key to the problem of the phallic phase, as it has done to so many others.

We have travelled far from the conception that the boy, previously ignorant of the sex difference, is horrified to find that a man has violently created one by castrating his mate and turning her into a woman, a castrated creature. Even apart from actual analysis of the early childhood years, the proposition that the boy has no intuition of

---

[18] Melanie Klein, ' The Psycho-Analysis of Children ' (*Op. cit.*, p. 333), answers this question categorically : ' " The woman with a penis " always means, I should say, the woman with the father's penis '.

the sex difference is on logical grounds alone hard to hold. We have seen that the (deutero-) phallic phase depends on the fear of castration and that this in its turn implies the danger of penetration ; it would appear to follow from this alone that intuition of a penetrable cavity is an early underlying assumption in the whole complex reaction. When Freud says that the boy renounces his incest wishes towards his mother in order to save his penis, this implies that the penis was the offending carrier of those wishes (in the proto-phallic phase). Now what could these penis wishes that endanger its existence have been if not to perform the natural function of the penis—penetration ? And this inference is amply substantiated by actual research.

I may now summarize the conclusions reached. The main one is that *the typical phallic stage in the boy is a neurotic compromise rather than a natural evolution in sexual development.* It varies, of course, in intensity, probably with the intensity of the castration fears, but it can be called inevitable only in so far as castration fears, i.e. infantile neuroses, are inevitable ; and how far these are inevitable we shall know only when we have further experience of early child analysis. At all events the mere need to renounce incest wishes does not make it inevitable ; it is not the external situation that engenders the phallic phase, but—probably avoidable—complications in the boy's inner development.

To avoid the imagined and self-created dangers of the Œdipus situation the boy in the phallic phase abandons the masculine attitude of penetration, with all interest in the inside of the mother's body, and comes to insist on the assured existence of his own and his ' mother's ' external penis. This is tantamount to Freud's ' passing of the Œdipus complex ', the renunciation of the mother to save the penis, but it is not a direct stage in evolution ; on the contrary, the boy has later to retrace his steps in order to evolve, he has to claim again what he had renounced—his masculine impulses to reach the vagina ; he has to revert from the temporary neurotic deutero-phallic phase to the original and normal proto-phallic phase. Thus the typical phallic phase, i.e. the deutero-phallic phase, in my opinion, represents a neurotic obstacle to development rather than a natural stage in the course of it.[19]

* * * * *

[19] It may be of interest to note the respects in which the conclusions here put forward agree with or differ from those of the two authors, Freud and Karen Horney, with whose views there has been most occasion to

Turning now to the corresponding problem in girls we may begin by noting that the distinction mentioned earlier between the proto- and the deutero-phallic phase is if anything more prominent with girls than with boys. So much so that when I made the suggestion that the phallic phase in girls represents a secondary solution of conflict I was under the impression that by the phallic phase was meant what I now see to be only the second half of it, a misapprehension Professor Freud corrected in a recent correspondence ; incidentally, his condemnation of my suggestion [20] was partly based on the same misunderstanding, since on his part he naturally thought I was referring to the whole phase. In extenuation I may remark that in his original paper Freud gave no account of the phallic phase in girls, on the score of its extreme obscurity, and that his definition—a phase in which it is believed that the sex difference is between penis-possessing and castrated beings—strictly applies only to the deutero-phallic phase, the penis being supposed to be unknown in the first one.

The difference between the two halves of the phase in Freud's

---

debate. In agreement with Freud is the fundamental view that the passage from the proto- to the deutero-phallic phase is due to fear of castration at the hands of the father, and that this essentially arises in the Œdipus situation. Freud would, I think, also hold that the feminine wishes behind so much of the castration fear are generated as a means of dealing with the loved and dreaded father : he would possibly lay more stress on the idea of libidinally placating him, whereas I have directed more attention to the hostile and destructive impulses behind the feminine attitude. On the other hand I cannot subscribe to the view of sex ignorance on which Freud repeatedly insists—though in one passage on primal scenes and primal phantasies (*Ges. Sch.*, Bd. XI, S. 11) he appears to keep the question open—and I regard the idea of the castrated mother as essentially a mother whose man has been castrated. Nor do I consider the deutero-phallic phase as a natural stage in development.

With Karen Horney there is agreement in her scepticism about sex ignorance, in her doubts about the normality of the (deutero-) phallic phase, and in her opinion that the boy's reaction to the Œdipus situation is greatly influenced by his previous relation to his mother. But I think she is mistaken in her account of the connection between these two last matters, and consider that the boy's fear of his feminine wishes—which we all appear to hold lie behind the castration fear—arise not in shame at his literal masculine inferiority in his relation to his mother, but in the dangers of his alimentary sadism when this operates in the Œdipus situation.

[20] Freud : ' Female Sexuality ', *Op. cit.*, p. 297.

conception is similar to that pointed out earlier with boys. According to him, a clitoris supremacy sets in at a certain age when the girl is ignorant of the difference between the clitoris and the penis and so is in a state of contented bliss in the matter ; this I am calling for the moment the proto-phallic phase of girls, which corresponds with that of boys when they are similarly supposed to be ignorant of the sex difference. In the deutero-phallic phase, the one I had suggested was a secondary defensive reaction, the girl is aware of the difference and, like the boy, either admits it reluctantly—and in this case resentfully—or tries to deny it. In the denial, however, unlike the state of affairs alleged to exist with boys, there is implied some real knowledge of the difference, for the girl does not maintain the previous belief—that both sexes have a satisfactory clitoris—but wishes that she now had a different organ from before, viz. a real penis. This wish goes on to imaginary fulfilment with homosexual women, who reveal implicitly in their behaviour and explicitly in their dreams the belief that they really have a penis ; but even with the more normal girl during her deutero-phallic phase the same belief that she has a penis alternates with the wish to have one.

As with boys, the two halves of the phase are divided by the castration idea, by the idea that women are nothing but castrated beings—there being no such thing as a true female organ. The boy's wish in the deutero-phallic stage is to restore the security of the proto-phallic one which has been disturbed by the supposed discovery of castration ; to revert to the original identity of the sexes. The girl's wish in the deutero-phallic stage is similarly to restore the undisturbed proto-phallic one, and even to intensify its phallic character ; thus to revert to the original identity of the sexes. This I take to be a more explicit statement of Freud's conception.

Two distinct views appear to be held in respect of female sexual development, and to bring out the contrast between them I will exaggerate them in the following over-simple statement. According to one, the girl's sexuality is essentially male to start with (at least as soon as she is weaned), and she is driven into femaleness by failure of the male attitude (disappointment in the clitoris). According to the other, it is essentially female to start with, and she is—more or less temporarily—driven onto a phallic maleness by failure of the female attitude.

This is avowedly an imperfect statement, which does not do justice to either view, but it may serve to point a discussion. I will call the two A and B respectively and add a few obvious modifications which

will make them more exact and also diminish the grossness of the difference between them. The supporters of A would, of course, admit an early bisexuality, though they maintain that the male (clitoris) attitude predominates ; they would also agree to the so-called regressive (anxiety) factors in the deutero-phallic phase, though they hold these to be less important than the libidinal impulse to maintain the original maleness. On the other side the supporters of B would also admit an early bisexuality, an early clitoris maleness in addition to the more pronounced femaleness : or—to put it more cautiously without begging any question—the co-existence of active and passive aims which tend to get associated with particular genital areas. They would also admit that there is often little apparent love for the father, who is regarded mainly as a rival, in the early stage of mother fixation ; and in the deutero-phallic phase they would agree that direct auto-erotic, and therefore libidinal, penis envy plays an important part together with the anxiety factors in driving the girl from femaleness into the phallic maleness. Again, there is general agreement that the experience of seeing a penis powerfully influences the transition from the proto- to the deutero-phallic phase, though not about the reasons why it does so. Further, both views agree that in the deutero-phallic phase the girl desires a penis,[21] and blames the mother for her lack of it, though whose penis she desires and why she desires it are questions not so readily answered.

Nevertheless, in spite of these modifications, there remain differences of opinion in regard to both halves of the phase, and by no means in respect of accent only. In investigating the corresponding obscurity of male sexual development it proved useful to lay stress on the correlation between the problems of castration fear and dread of the vulva. Here I would similarly bring into prominence a correlation between the problems of the girl's desire to own a penis and her hate of her mother, since I feel sure that to explain either of these is to explain the

[21] Incidentally, I may comment here on the ambiguity of such phrases as 'to desire a penis', 'the wish for a penis'. In fact three meanings of such phrases are to be discerned in connection with infantile female sexuality : (1) The wish to acquire a penis, usually by swallowing, and to retain it within the body, often converting it there into a baby ; (2) The wish to possess a penis in the clitoritic region : for this purpose it may be acquired in more than one way ; (3) The adult wish to enjoy a penis in coitus. I shall try to make it clear in each case which meaning is intended.

other. And I will anticipate my conclusions to the extent of remarking that it may prove possible to combine in a single formula the male equation of problems with the female one.

In attempting to elucidate the contrasting views described above I will avail myself of two clues, both provided by Freud. The first of them is contained in his remark [22] that the girl's earliest attachment to her mother ' has in analysis seemed to me so elusive, lost in a past so dim and shadowy, so hard to resuscitate that it seemed as if it had undergone some specially inexorable repression '. We must all agree when he points out that the ultimate solution of all these problems lies in a finer analysis of the girl's very earliest period of attachment to the mother, and it is highly probable that the differences of opinion in respect of the later stage of development are mainly, and perhaps altogether, due to different assumptions concerning the earlier stage.

To give an example of this : Freud,[23] in criticizing Karen Horney, describes her view as being that the girl, from fear of advancing to femininity, *regresses* in the deutero-phallic stage. So sure is he that the earlier (clitoris) stage can only be a phallic one. But this is just one of the questions at issue ; to anyone taking the opposite view the process just mentioned would not be a regression, but a neurotic new-formation. And it is a question to be discussed. We should not take it too much for granted that the use of the clitoris is altogether the same thing psychologically as the use of the penis simply because they are physio-genetically homologous. Sheer accessibility may also play its part. The clitoris is after all a part of the female genitals. Clinically the correspondence between clitoris masturbation and a male attitude is very far indeed from being invariable. I have known, on the one hand, a case where the clitoris could not function because of a congenital malformation, but where the vulval masturbation was distinctly male in type (prone posture, etc.). On the other hand, cases where clitoris masturbation in the adult accompanies the most pronouncedly feminine heterosexual phantasies are an everyday experience, and Melanie Klein [24] states that this combination is characteristic of the earliest infancy. In my Innsbruck paper I expressed the opinion that vaginal excitation played a more important part in the earliest

---

[22] Freud : ' Female Sexuality ', *Op. cit.*, p. 282.

[23] Freud : ' Female Sexuality ', *Op. cit.*, p. 296.

[24] Melanie Klein : *The Psycho-Analysis of Children, Op. cit.*, p. 288.

childhood than was recognised—in contradistinction from Freud's [25] opinion that it begins only at puberty—a view that had been previously expressed by several women analysts, Melanie Klein [26] (1924), Josine Müller [27] (1925) and Karen Horney [28] (1926). This opinion I had reached first from the same class of material as Josine Müller quotes: namely, women who shew strong masculine propensities in conjunction with vaginal anæsthesia. What is important about this early vaginal functioning, so deeply repressed, is the extraordinary amount of anxiety that goes with it (far more than with clitoric functioning), a matter to which we shall have to recur. Actual vaginal masturbation is often considered by physicians to be commoner than clitoris masturbation in the first four or five years of life, whereas it certainly is not so during the latency period—a fact in itself suggesting a change from feminine to more masculine attitudes. Apart, however, from actual vaginal functioning there is extensive evidence of feminine phantasies and wishes in early childhood to be obtained from both adult and early analyses: phantasies relating to the mouth, vulva, womb, anus and the receptive attitude of the body in general. For all these reasons I feel that the question of the alleged clitoritic and therefore masculine primacy of the female infant may well be kept in suspense until we know more about the sexuality of this very early stage.

A cognate example of misunderstanding due to differing primary assumptions arises in connection with the problem of the intensity and of the direction (aim) characteristic of the deutero-phallic phase. Freud, who holds that both intensity and direction are to be explained in terms of the proto-phallic masculine phase, and that the trauma of seeing the penis only reinforces this, criticizes Karen Horney for believing that the direction alone is given by the proto-phallic phase, the intensity being derived from later (anxiety) factors.[29] In so far,

---

[25] Freud: 'Female Sexuality', *Op. cit.*, p. 283.

[26] Melanie Klein: 'From the Analysis of an Obsessional Neurosis in a six-year-old Child', First German Psycho-Analytical Assembly, Würzburg, October 11, 1924.

[27] Josine Müller: 'A Contribution to the Problem of Libidinal Development of the Genital Phase in Girls', this JOURNAL, 1932, Vol. XIII, p. 361.

[28] Karen Horney: 'The Flight from Womanhood', this JOURNAL, 1926, Vol. VII, p. 334. She has comprehensively sustained this opinion in a paper published in the present number of this JOURNAL, see p. 57.

[29] Freud: 'Female Sexuality', *Op. cit.*, p. 296.

however, as Karen Horney is a supporter of view B—and I cannot of course say just how far this is so—she would maintain the exact converse of the view Freud ascribes to her ; she would agree with him that the intensity of the deutero-phallic phase is derived from the earlier one (though with displacement) and differ from him only in holding that its direction is not so derived, being in the main determined by secondary factors. All this again depends on whether the earlier phase is regarded as predominantly masculine and auto-erotic or predominantly feminine and allo-erotic.

Freud [30] would appear to hold that the question is settled by the very fact that many young girls have a long and exclusive mother attachment. He calls this a pre-Œdipal stage of development, one where the father plays very little part and that a negative one (rivalry). These facts of observation are not to be doubted—I can myself quote an extreme case where the exclusive mother attachment was prolonged till near puberty, at which age an equally exclusive transference to the father took place. But they do not in themselves exclude a positive Œdipus complex in the girl's unconscious imagination : they prove only that, if this does exist, it has not yet learned to express itself in relation to the actual father. In my experience of typical cases of this kind, however, and in that of child analysts, particularly of Melanie Klein, Melitta Schmideberg and Nina Searl, analysis shows that the girls had from very early times definite impulses towards an imaginary penis, one incorporated into the mother but derived from the father, together with elaborate phantasies on the subject of parental coitus. I would again remind you at this point of the stress laid in the earlier part of the paper on the ' combined parent concept ', the picture of parents fused in coitus.

We are here led to consider the second of the clues to which I referred just now. It concerns the young girl's theories of coitus, which play a highly important part in her sexual development. They should be helpful in the present connection, since—as Freud has long ago shown—the sexual theories of a child are a mirror of its particular sexual constitution. A few years ago Professor Freud wrote to me that of the two points of which he felt most sure in the obscurity of female sexual development one was that of the young girl's first idea of coitus was an oral one, i.e. fellatic.[31] Here, as usual, he put his

[30] Freud : ' Female Sexuality ', *Op. cit.*, p. 296.

[31] I may also quote the other point, since any pronouncement from such a source must command interest. It was that the girl gives up masturbation because of her dissatisfaction with the clitoris (in comparison with the penis).

finger on a central point. But it is probable that the matter is more complex: at all events, this central consideration has several corollaries that are worth pursuing. In the first place, it is hardly likely that a purely oral conception would develop if the first thought of coitus occurred years after the infant's own oral experiences; and detailed analysis of this early period, especially by child analysts, confirms what one might expect:—namely, that the experiences and the conception are closely related not only genetically, but also chronologically. Melanie Klein [32] attributes great importance to the stimulus given to the child's desires by the inevitable imperfections and dissatisfactions of the suckling period, and would connect the weaning time both with the deepest sources of hostility to the mother and with a dawning idea of a penis-like object as a more satisfying kind of nipple. That nipple wishes are transferred to the idea of the penis, and that the two objects are extensively identified in the imagination, is fairly familiar ground, but it is hard to say when this transference begins to be applied to the father in person. It is, I think, certain that for a relatively long time they apply more to the mother than to the father, i.e. that the girl seeks for a penis in her mother. By the second year of life this vague aspiration is getting more definite and is getting connected with the idea of the mother's penis having been derived from the father in the supposed act of fellatio between the parents.

In the next place, the fellatic idea can hardly be confined to the notion of purposeless sucking. The child well knows that one sucks for a purpose—to get something. Milk (or semen) and (nipple-) penis are thus things to swallow, and by the familiar symbolic equations, as well partly from the child's own alimentary experiences, we reach also the ideas of excrement and baby—equally obtained from this primordial sucking act. According to Freud,[33] the child's love and sexuality are essentially devoid of aim (*ziellos*), and for this very reason are doomed to disappointment. The contrary view is that in the unconscious there are very definite aims, and the disappointment is due to their not being reached.

I wish to make clear at this point that the wishes here referred to are in my opinion essentially allo-erotic. The girl infant has not yet had the occasion to develop auto-erotic envy at the sight of a boy's penis; the desire to possess one herself, for the reasons so clearly

---

[32] Melanie Klein: *The Psycho-Analysis of Children, Op. cit.*, p. 326.

[33] Freud: 'Female Sexuality', *Op. cit.*, p. 286.

stated by Karen Horney,[34] comes later. At the earlier stage the wish to take the penis into the body, through the mouth, and make a (fæcal) baby out of it is, though still on an alimentary level, nevertheless akin to the allo-erotism of the adult woman. Freud[35] holds that when the girl's wish to own a penis is disappointed it is replaced by a substitute—the wish to have a child. I would, however, agree rather with Melanie Klein's[36] view that the penis-child equation is more innate, and that the girl's wish to have a child—like the normal woman's wish—is a direct continuance of her allo-erotic desire for the penis; she wants to enjoy taking the penis into the body and to make a child from it, rather than to have a child because she cannot have a penis of her own.

The purely libidinal nature of the wishes manifests itself in many ways, of which I will mention only one. The insertion of the nipple into the mouth is followed by the anal-erotic pleasure at the passage of fæces, and the cleansing process associated with this is often felt by the girl to be a sexual experience with the mother (or nurse). The point of this observation is that the mother's hand or finger is equated to a penis and is often the seduction that leads to masturbation.

Now if the mother gets all this—just what the girl longs for—from the father, then a situation of normal Œdipus rivalry must surely exist, and in exact proportion to the girl's own dissatisfaction. The accompanying hostility is in direct line with that felt previously towards the mother in the suckling period, being of the same order; and it reinforces it. The mother has got something the girl wants and will not give it to her. In this something the idea of the father's penis soon comes to crystallize more and more definitely, and the mother has obtained it from the father in successful competition with the girl, as well as the baby she can make from it. This is in disagreement with Freud's[37] formidable statement that the concept of the Œdipus complex is strictly applicable only to male children and 'it is only in male children that there occurs the fateful conjunction of love for the one parent and hatred of the other as rival'. We seem compelled here to be *plus royalist que le roi*.

---

[34] Karen Horney: 'On the Genesis of the Castration Complex in Women', this JOURNAL, 1924, Vol. V, pp. 52–54.

[35] Freud: 'Some Psychological Consequences, etc.', *Op. cit.*, p. 140.

[36] Melanie Klein: *The Psycho-Analysis of Children*, *Op. cit.*, p. 309.

[37] Freud: 'Female Sexuality', *Op. cit.*, p. 284.

Freud's fellatio account of coitus, however, from which we started, yields no explanation for the important observation on which he insists,[38] that the girl infant feels rivalry for her father. The fellatio conception of coitus, in fact, would seem to be only one half of the story. One finds also the complementary idea that the father not only gives to the mother, but receives from her ; that in short she suckles him. And it is here that the direct rivalry with the father is so strong, for the mother is giving him just what the girl wants (nipple and milk) ; other sources of rivalry, hate and resentment in respect of the father I shall mention presently. When this ' mammalingus ' conception, as it may be called, gets sadistically cathected, then we have the familiar feminist idea of the man who ' uses ' the woman, exhausts her, drains her, exploits her, and so on.

The girl infant doubtless identifies herself with both sides in these conceptions, but in the nature of the case her wanting, receiving desires must be more prominent than the giving ones ; there is so much that she wants and so little that she has to give at that age.

What then of the phallic activity against the mother recorded by Helene Deutsch, Jeanne Lampl-De Groot, Melanie Klein and other women analysts ? We must not forget how early the child apprehends the penis not simply as an instrument of love, but also as a weapon of destruction. In the girl's sadistic furor against the mother's body, due largely to her inability to suffer thwarting, she clutches at all weapons, mouth, hands, feet ; and in this connection the sadistic value of the penis, and the power it gives of directing destructive urine, is perhaps not the least of its uses which she envies the boy. We know that thwarting stimulates sadism, and, to judge from their phantasies as well as actual conduct, it would seem very difficult to overestimate the quantity of sadism present in infants. On talion grounds this leads to corresponding fear, and again it seems difficult to overestimate the depth and intensity of fear in infants. We must regard the sexual development of both boys and girls as influenced at all points by the need to cope with fear, and I must agree with Melanie Klein's [39] scepticism about the success of Freud's [40] avowed endeavour to depict sexual development without reference to the super-ego, i.e. to the factors of guilt and fear.

---

[38] Freud : ' Female Sexuality ', *Op. cit.*, p. 282.

[39] Melanie Klein : *The Psycho-Analysis of Children, Op. cit.*, p. 323.

[40] Freud : ' Female Sexuality ', *Op. cit.*, p. 294.

At this point I am constrained to express the doubt whether Freud does not attach too much significance to the girl's concern about her external organs (clitoris-penis) at the expense of her terrible fears about the inside of her body. I feel sure that to her the inside is a much stronger source of anxiety and that she often parades concern about the outside as a defensive attitude, a conclusion the truth of which Melanie Klein [41] has demonstrated in great detail in her penetrating investigations of the earliest years of female development. Josine Müller [42] has happily remarked that the anatomical fact of the girl's having two genital organs—the internal vagina (and womb) and the external clitoris—enables her to displace erotogenicity from the internal to the external when the former is threatened. After all, the central dread of the guilty girl—even in consciousness—is that she will never be able to bear children, i.e. that her internal organs have been damaged. We are reminded of Helene Deutsch's [43] triad of equivalent female fears: castration, defloration and parturition—though the first of these needs careful definition—and of the characteristic adult fears of 'internal diseases', prominent among which is cancer of the womb.

The early dread of the mother, just as the hate of her, is transferred to the father, and both dread and hate are often curiously concentrated on the idea of the penis itself. Just as the boy projects his sadism on to the female organs, and then exploits these dangerous organs as a means of destroying his father homosexually, so does the girl project her sadism on to the male organ, and very largely with a similar outcome. It is one of the oddest experiences to find a woman who has devoted herself to a penis-acquiring career (homosexually) having at the same time fear, disgust and hatred of any real penis. In such cases one gets a vista of the dread and horror that get developed in regard to the penis, the most destructive of all lethal weapons, and how terrifying can be the idea of its penetrating into the inside of the body.[44] This particular projection is so important that one must ask how much of the girl's fear is the result of her sadistic wishes to bite

---

[41] Melanie Klein: *The Psycho-Analysis of Children, Op. cit.*, pp. 269 *et seq.*

[42] Josine Müller, *Op. cit.*, p. 363.

[43] Helene Deutsch: 'The Significance of Masochism in the Mental Life of Women', this JOURNAL, 1930, Vol. XI, p. 48.

[44] Hence, amongst other things, the frequency of beating phantasies where penetration is obviated.

away (and swallow) the penis, tearing it from the mother, or later the father, with the consequent dread lest the dangerous—because sadistically conceived—penis penetrate her ; it is hard to say, but this may possibly be the very centre of the matter.

As the girl grows she often transfers her resentment from the mother to the father when she more clearly understands that he it is who really owns (and withholds) the penis. Freud [45] quotes this curious transference of hostility, resentment and dissatisfaction from the mother to the father as a proof that it cannot arise from rivalry with the mother, but we have just seen that another explanation is at least possible. It is fully intelligible that there should be resentment at the thwarting of the allo-erotic penis desire, which the father's presence stimulates, and that this applies first to the mother and then to the father. An additional tributary flows into the resentment against the father for his thwarting the libidinal desire ; namely, that this thwarting has also the effect of exposing the girl to her dread of the mother. For where there is a dread of punishment for a wish then gratification of this wish may be the strongest safeguard against the anxiety, or at least is commonly believed by the unconscious to be so ; and anyone, therefore, who denies this gratification commits a double crime—he refuses at the same time both libidinal pleasure and security.

We have to bear in mind all this background, which is doubtless only an extract of the true complexity, when we attempt to reconstruct the development of the deutero-phallic phase. At this point the girl becomes *consciously* aware of a real penis attached to male beings, and she characteristically reacts to it by wishing to possess one herself. Why exactly does she have this wish ? What does she want the penis for ? That is a crucial question, and the answer to it must also provide the answer to the equally crucial question of the source of the girl's hostility to her mother. Here we get a fairly clear-cut issue between views A and B, one which should prove stimulating to further research.

The answer to both questions given by view A undoubtedly has the merit of being simpler than that given by view B. According to it the girl wishes to possess the penis she sees because that is the sort of thing she has always prized, because she sees in it her wildest dreams of an efficient clitoris being realised in the *n*th degree. There is no serious internal conflict in the matter, only resentment, particularly against her mother whom she holds responsible for the disappointment that

---

[45] Freud : ' Female Sexuality ', *Op. cit.*, pp. 281, 286.

inevitably ensues. Envy of the penis is the principal reason for turning from the mother. The actual value of the clitoris-penis would appear to be essentially auto-erotic, the best exposition of which was given years ago by Karen Horney.[46] The wish is almost entirely libidinal, and is in the same direction as the girl's earlier tendencies. When this wish is disappointed, the girl falls back on a feminine incestuous allo-erotic attitude, but as a second best. Any so-called defence there may be against femininity, or rather objection to it, is dictated not so much by any deep fear of it in itself, but by the desire to retain the masculine clitoris-penis position, which it imperils; in other words, by the same objection boys would have were they offered the alternative, namely, because it is tantamount to castration. This view, which in a word explains both the hate of the mother and the strength of the deutero-phallic phase by one main factor—the auto-erotic desire to possess a clitoris-penis—is both simple and consistent. The question is, however, whether it is also comprehensive, i.e. whether its underlying assumptions in the proto-phallic phase take into due account all the ascertainable factors.

The answer given by view B is that the girl originally desired the penis allo-erotically, but is driven into an auto-erotic position (in the deutero-phallic phase) in the same way that boys are—from fear of the supposed dangers attaching to the allo-erotic desires. I may here cite a few authors who illustrate sharply the contrasting views. On the one hand Helene Deutsch,[47] in accord with Freud, writes: 'My view is that the Œdipus complex in girls is inaugurated by the castration-complex'. On the other hand Karen Horney[48] speaks of 'these typical motives for flight into the male rôle—motives whose origin is the Œdipus complex', and Melanie Klein[49] asserts 'in my view the girl's defence against her feminine attitude springs less from her masculine tendencies than from her fear of her mother'.

The masculine form of auto-erotism is thus here the second best; it is adopted because femininity—the real thing desired—brings danger and intolerable anxiety. The deepest source of resentment against the mother is the imperfect oral satisfaction, which leads the girl to seek a more potent nipple—a penis—in an allo-erotic and later in a hetero-

---

[46] Karen Horney: 'On the Genesis, etc.', *Loc. cit.*

[47] Helene Deutsch: 'The Significance, etc.', *Op. cit.*, p. 53.

[48] Karen Horney: 'The Flight, etc.', *Op. cit.*, p. 337.

[49] Melanie Klein: *The Psycho-Analysis of Children, Op. cit.*, p. 324.

erotic, direction ; the libidinal attitude towards the nipple here expresses itself as feminine phantasies associated with vulval—either vaginal or clitoritic—masturbation, alone or with the nurse in cleansing operations. She is homosexually attached to the mother at this stage, because it is only from her that she can hope to obtain the desired penis satisfaction, by guile or force. This is all the easier because after all the mother is still at this early age the main source of (allo-erotic) libidinal gratification. And she is dependent on her mother not only for affection and gratification, but also for the satisfying of all her vital needs. Life would be impossible without the mother and the mother's love. There are therefore the strongest possible motives for the girl's intense attachment to her mother.

Nevertheless in the unconscious there is another side to the picture, and a much grimmer one. The sadistic impulse to assault and rob the mother leads to intense dread of retaliation, which often develops—as was explained earlier—into dread of the penetrating penis ; and this is revived when she comes across a real penis attached, not to the mother, but to the father or brother. Here she is actually no worse off than before—she still has a clitoris, and the mother has taken nothing away from her. She blames her, however, for not having given her more—a penis—but behind this reproach that the mother has insufficiently attended to her auto-erotic desires lies the deeper and stronger one that she has thwarted the true, feminine needs of her receptive and acquisitive nature and has threatened to destroy her body if she persists in them. View B would therefore appear to give more adequate reasons for hostility to the mother than does view A. Both agree about the pregenital thwarting at the mother's hands, but they differ in their estimate of the thwarting on the genital level. There, according to the one view, A, the mother deprives the girl of nothing, but there is resentment at not being given more ; according to the other view, B, the mother both thwarts the feminine aims (towards the penis) and also threatens to mutilate the body—i.e. to destroy the real feminine penis-receiving and child-bearing organs—unless the girl renounces those aims. Small wonder that she does renounce them, always to some extent and often altogether.

The deutero-phallic phase is her reaction to this situation, her defence against the dangers of the Œdipus complex.[50] Her desire in

---

[50] This view, maintained in my Innsbruck Congress paper, was, I think, first put forward by Karen Horney (' On the Genesis, etc.', *Op. cit.*, p. 50),

it to possess a penis of her own saves her threatened libido by deflecting it into the safer auto-erotic direction, just as it is saved when deflected into a perversion. This shifting on to the auto-erotic (and therefore more ego-syntonic), with its consequent neurotic intensification, meets in its turn with disappointment. There are very few girls who do not deceive themselves—to some extent throughout life—about the source of their inferiority feelings. The real source, as always with inferiority feelings, is internal forbiddenness because of guilt and fear, and this applies to the allo-erotic wishes far more than to the auto-erotic ones.

But there are additional advantages in this phallic position, hence its great strength. It is a complete refutation of the feared mother's attack on her femininity, because it denies its very existence and therefore all reason for any such attack. And there are also still more irrational unconscious phantasies. The ambivalence towards the mother can be dealt with. On the one hand the girl is now armed with the most powerful weapon of attack, and therefore of protection; Joan Riviere [51] has called special attention to this motive. On the other hand, by the important mechanism of restitution, one to which Melanie Klein has devoted important studies in this connection, she can compensate for her dangerous wishes to rob the mother of a penis: she now has a penis to restore to the deprived mother, a process which plays an extensive part in female homosexuality. Further, she no longer runs any risk of being sadistically assaulted by the man's dangerous penis. Freud [52] asks whence, if there were any flight from femininity, could it derive its source except from masculine strivings. We have seen that there may be much deeper sources of emotional energy in the girl than masculine strivings, though these can often prove a well-disguised outlet for them.

There will, I think, be general agreement on one point at least—namely, that the girl's desire for a penis is bound up with her hate of the mother. The two problems are inherently related, but it is over the nature of this relationship that there is the sharpest division of opinion. Whereas Freud holds that the hate is a resentment at the girl's not being granted a penis of her own, the view presented here,

---

and has been elaborately developed by Melanie Klein: *The Psycho-Analysis of Children, Op. cit.*, pp. 271, etc.

[51] Joan Riviere: 'Womanliness as a Masquerade', this JOURNAL, 1929, Vol. X, p. 303.

[52] Freud: 'Female Sexuality,' *Op. cit.*, p. 297.

one which has been well sustained by Melanie Klein,[53] is that the hate is essentially a rivalry over the father's penis. In the one view the deutero-phallic phase is a natural reaction to an unfortunate anatomical fact, and when it leads to disappointment the girl falls back on hetero-erotic incest. In the other view the girl develops at a very early age hetero-erotic incest, with Œdipus hate of the mother, and the deutero-phallic phase is an escape from the intolerable dangers of that situation ; it thus has exactly the same significance as the corresponding phenomenon with the boy.

* * * * *

I should like now in summing up to institute a general comparison between these problems in boys and girls respectively. With both the idea of functioning in the hetero-erotic direction appropriate to their nature (penetrating with boys, receiving penetration with girls) is absent—? renounced—in the deutero-phallic phase. And with both there is an equally strong denial—? repudiation—of the vagina : every effort is made towards the fiction that both sexes have a penis. There must surely be a common explanation for this central feature of the deutero-phallic phase in both sexes, and both the views here discussed provide one. According to the first, it is the discovery of the sex difference—with its unwelcome implication ; according to the second it is a deep dread of the vagina, derived from anxiety about the ideas of parental coitus associated with it, a dread which is often re-activated by seeing the genital organ of the opposite sex.

Probably the central difference between the two views, the one from which other differences emanate and where therefore our research must be specially directed, is over the varying importance attached by different analysts to the early unconscious phantasy of the father's penis incorporated in the mother. That the phantasy in question occurs has been well known to analysts for more than twenty years, but—as a result especially of Melanie Klein's notable researches—we may have to recognise it as a never-failing feature of infantile life and to learn that the sadism and anxiety surrounding it play a dominating part in the sexual development of both boys and girls. This generalization could profitably be extended to all the phantasies described by Melanie Klein and other child analysts in connection with what she has called the ' combined parent ' concept, one which I suggested earlier is closely associated with Freud's pre-Œdipal stage of development.

---

[53] Melanie Klein : *The Psycho-Analysis of Children, Op. cit.*, p. 270.

Not only is the main characteristic of the deutero-phallic phase—the suppression of hetero-erotic functioning—essentially the same with boys and girls, but so also is the motive for it. The renunciation is effected in both cases for the sake of bodily integrity, to save the sexual organs (external with the boy, internal with the girl). The girl will not risk having her vagina or womb damaged any more than the boy will his penis. Both sexes have the strongest motives for denying all ideas of coitus, i.e. of penetration, and they therefore keep their minds set on the outside of the body.[54]

In the two sections of this paper I used as a starting-point a pair of related problems : with boys the fear of castration and the dread of the vulva, with girls the desire to own a penis and the hate of the mother. It is now possible to shew that the essential nature of these two apparently unlike pairs is common to both sexes. The common features are the avoidance of penetration and fear of injury from the parent of the same sex. The boy fears castration at the hands of his father if he penetrates into the vagina ; the girl fears mutilation at the hands of the mother if she allows herself to have a penetrable vagina. That the danger is often associated, by projection, with the parent of the opposite sex, in the manner I have described above, is a secondary manifestation ; its real source is hostility towards the rival parent of the same sex. We have in fact the typical Œdipus formula : incestuous coitus brings with it fear of mutilation by the rival parent. And this is as true of the girl as of the boy, in spite of the more extensive homo-sexual disguise she is compelled to adopt.

To return to the concept of the phallic phase. If the view here advanced is valid, then the term proto-phallic I suggested earlier applies to the boy only. It is unnecessary, since it really means simply genital ; it can even be misleading, since it predisposes one to think of the boy's early genital functions in a purely phallic, i.e. auto-erotic, sense to the exclusion of the allo-erotism that exists from the earliest times—in the first year of life itself. For girls the term will be still more misleading in the eyes of those who hold that the earliest stage of their development is essentially feminine. As to the sex ignorance

---

[54] I am not suggesting that this is the only motive force at work. As Joan Riviere pointed out in the discussion when this paper was read before the British Society, it falls into line with the general tendency towards exteriorization in the growing child's search to establish contact with the outer world.

said to characterise the proto-phallic phase this is no doubt true of consciousness, but there is extensive evidence to shew that it is not true of the unconscious ; and the unconscious is an important part of the personality.

I come now to what I call the deutero-phallic phase, the one generally meant when one uses simply the term ' phallic phase '. View A we have discussed above tends to regard the deutero-phallic phase as a natural development, in both sexes, out of a proto-phallic phase, its direction being much the same in the two. View B lays more stress on the extent to which the deutero-phallic phase is a deflection from the earlier one, comprising in important respects even a reversal of the direction of the latter. This may perhaps be most sharply expressed by saying that *the previous heterosexual allo-erotism of the early phase is in the deutero-phallic one—in both sexes—largely transmuted into a substitutive homosexual auto-erotism. This later phase would thus—in both sexes—be not so much a pure libidinal development as a neurotic compromise between libido and anxiety,* between the natural libidinal impulses and the wish to avoid mutilation. Strictly speaking, it is not a neurosis proper, inasmuch as the libidinal gratification still open is a conscious one, not unconscious as it is in neurosis. It is rather a sexual aberration and might well be given the name of the *phallic perversion.* It is closely akin to sexual inversion, manifestly so with girls. This connection is so close that—although it is not strictly germane to the purpose of my paper—I will venture to apply to the problem of inversion some considerations that arise from the present theme. It would seem as if inversion is in essence hostility to the rival parent that has been libidinised by the special technique of appropriating the dangerous organs of the opposite sex, organs that have been made dangerous by sadistic projection. We saw earlier to what an extent the genital sadism was derived from the earlier oral sadism, so it may well be that the oral sadism I suggested on an earlier occasion [55] was the specific root of female homosexuality is that of male homosexuality also.[56]

To avoid any possible misunderstanding I would remind you that the phallic phase, or phallic perversion, is not to be regarded as a definitely fixed entity. We should think of it, as of all similar processes, in dynamic and economic terms. It shows, in other words, every

---

[55] *Op. cit.*

[56] Melanie Klein (*Op. cit.*, p. 326) would trace this to an ' oral-sucking fixation '.

possible variation. It varies in different individuals from slight indications to the most pronounced perversion. And in the same individual it varies in intensity from one period to another according to the current changes in stimulation of the underlying agencies.

Nor do I commit myself to the view that the phallic phase is necessarily pathological, though it obviously may become so through exaggeration or fixation. It is a deviation from the direct path of development, and it is a response to anxiety, but nevertheless, for all we know, research may show that the earliest infantile anxiety is inevitable and that the phallic defence is the only one possible at that age. Nothing but further experience in analysis at early ages can answer such questions. Further, the conclusions here come to do not deny the biological, psychological and social value of the homosexual constituent in human nature; there we come back to our one and only gauge—the degree of free and harmonious functioning in the mental economy.

I will allow myself now to single out the *conclusions* which seem to me to be the most significant.

The first is that the typical (deutero-) phallic phase is a perversion subserving, as do all perversions, the function of salvaging some possibility of libidinal gratification until the time comes—if it ever comes —when fear of mutilation can be dealt with and the temporarily renounced hetero-erotic development be once more resumed. The inversion that acts as a defence against the fear depends on the sadism that gave rise to the fear.

Then we would seem to have warrant for recognising more than ever the value of what perhaps has been Freud's greatest discovery—the Œdipus complex. I can find no reason to doubt that for girls, no less than for boys, the Œdipus situation, in its reality and phantasy, is the most fateful psychical event in life.

Lastly I think we should do well to remind ourselves of a piece of wisdom whose source is more ancient than Plato: In the beginning . . . male and female created He them.

HOMOSEXUALITY IN WOMEN[1]

BY

HELENE DEUTSCH

VIENNA

The following remarks on homosexuality in women are based on findings in eleven cases which I have analysed more or less thoroughly. At the outset I wish specially to emphasize that on the physical side none of these eleven cases of manifest homosexuality gave the impression of a constitutional modification of physiological characteristics in the direction of masculinity. It was true that my patients showed signs of an unusually strong bisexual disposition, but these signs referred solely to the preliminary phases of what in its later development would be termed masculinity. Those phases appear, however, to have no physical correlate, or at any rate none which can be observed, for, as I have said, none of these patients displayed any physical signs of virility. Anatomically and physiologically we should have described them as ' feminine '. At the same time I do not wish to deny that other homosexual types exist in which the genital stands in contradistinction to the rest of the psychic and physical personality (secondary sex-characteristics, etc.). I only say that *my* material did not include any such.

The first case of homosexuality which I analysed dates from about twelve years ago. It was a case of inversion, manifest but not actively practised. The patient was perfectly aware that her capacity for love and her sexual phantasies were confined to her own sex; she also experienced quite unmistakable sexual excitations when embracing and kissing certain women with whom she was in love. Her attitude to them was monogamous and faithful, but at the same time only platonic, even when she knew of a similar perverse inclination in the women in question. One could not really say that she was attracted by any particular type; in any case the women were not ' masculine '

[1] The material for this paper consists of observations collected during a period of many years; it was intended to be read at the International Psycho-Analytical Congress in 1931, which did not in fact take place. In the meantime there appeared a paper by Freud entitled: ' Female Sexuality ' (this JOURNAL, Vol. XIII, 1932), in which he discussed the *normal* sexual development of girls. What finally decided me to publish my observations now was the fact that in many points they bear on this paper of Freud's.

and the patient herself belonged to the fair, ' feminine ' type. She was by no means hostile to men ; she had many men friends and did not object to being admired and courted by men. Feelings of sympathy had led her to marry a man who in appearance was markedly ' masculine ' and she had had several children, for whom her feeling was not passionate, but yet maternal.

She could not explain why her homosexuality did not take a more active and urgent form ; she only knew that her inhibitions were too strong, and rationalized them on grounds of social timidity, her duty to her family and her dread of ' bondage '. She could trace her love for women back to puberty, when it began in the manner typical of that time of life and had reference to teachers and other persons in authority. I cannot remember whether these persons were characterized by any special severity ; at any rate the patient was governed by two feelings—on the one hand a sense of security, and on the other a dread of the woman in question. She had never really fallen in love with a man ; she was at first attracted to her husband because she regarded him as a particularly active and masculine person. At the very outset of their married life she found herself disappointed, as she told me, for precisely in that respect her husband did not come up to her expectations. Above all, he was lacking in sexual passion and activity and, in other ways also, he failed her most when she looked for activity from him.

The patient came to analysis because of her neurotic difficulties. For years she had suffered from fits of depression and from feelings of anxiety with a definite content. These related to women in her employment, towards whom she had not the courage to adopt a suitable attitude of authority. Her requirements were indeed exacting and she worried when they were not fulfilled, but she was incapable of giving an order, not to mention a reproof. In just those situations where this was necessary she was seized with shyness and anxiety in relation to the other woman. Especially when there was a change in her household staff and she had to prepare for the advent of a strange woman, her anxiety and mental conflict redoubled. It was in such situations that she quite consciously blamed her husband for not protecting and supporting her actively enough.

In the last few years the attacks of depression had become more and more frequent and were accompanied by suicidal impulses. On quite a number of occasions the patient had made unsuccessful attempts to commit suicide ; the last of these brought her to death's door.

It happened that a physician who was an intimate friend of mine was called in, and he was able subsequently to assure me of the seriousness of this attempt.

For months the patient's analysis centred in the castration complex. At that time—twelve years ago—the assumption of a castration complex in women was not yet such a matter of course as it is to-day. My attention was, however, so much arrested by the material which pointed in this direction that I was inclined to regard that complex as the nucleus of her neurosis, as of her perversion. Her penis-envy was so overwhelming that it even manifested itself in her relation to her little sons, whose penes she cut off in her dreams and phantasies. Although the patient's sadistic tendencies were particularly strong, her conscious personality was rather of a reactive character. That is to say, she was affectionate and yielding, with unmistakable obsessional traits in the form of marked ' propriety ' and correctness. The transference to me was very strong and was of the type in which for a long time nothing appears in the patient's consciousness or behaviour but tenderness, admiration and a sense of security. She felt as happy as if at last she had found a loving, understanding mother who gave her all that her own mother had denied her. For her mother had been a woman of a severe, cold nature whom the patient had all her life quite consciously hated. After her mother's death—which occurred some years before the analysis—she fell into a deep depression and it was during this period that she made one of her attempts at suicide.

During the analysis, several fits of depression succeeded one another at short intervals. They were always accompanied by characteristic dreams and they revealed certain definite material. At that time, twelve years ago, I made a short communication to the Vienna Psycho-Analytical Society on the subject of these dreams, in a paper entitled : ' Mutterleibsträume und Selbstmordideen '. I need not go into the dreams in detail here ; it will be sufficient for me to say that they contained nearly all the known symbolism relating to the mother's body : there were dreams of dark holes and openings into which the patient crept, dreams of cosy dark places which seemed to her known and familiar and where she lingered with a sense of rest and deliverance. These dreams began to occur during a period when the patient, oppressed by a conscious longing for death, constantly declared that, but for her relation with me and the confidence she had in me, no power on earth could prevent her from committing suicide.

A remarkable point about the dreams was that, again and again, one particular dream-picture appeared: the patient saw herself wrapped up like a baby in swaddling-clothes or a binder. Her associations shewed that two dim memories were emerging in these dreams. One had reference to a scene after her last attempt to commit suicide by poisoning: she woke up out of deep unconsciousness, still strapped to a stretcher, and saw the physician bending over her with a kindly smile. She was conscious that he had saved her life (as was actually the case), and she thought: 'Yes, this time; but all the same you cannot really help me'.

Another series of associations led to the memory of a dangerous operation undergone by her mother. The patient remembered having seen her mother wrapped up as she herself was later and carried on a stretcher to the operating-theatre.

This recollection opened the way analytically to a murderous hatred for her mother which had hitherto been repressed but now became the focal point of the analysis. After about eight months of work, childhood-memories emerged which proved to be the centre both of the neurosis and of the perversion. These memories went back to her fourth, fifth and sixth years, at which period the patient practised masturbation in a way which was noticeable, at any rate to her mother. It was impossible to determine whether this masturbation actually went beyond the normal and, further, what was the content of the phantasies which no doubt accompanied it. Anyhow, what happened, according to the patient, was that her mother, not knowing what else to do, resorted to the following plan: she tied the child's hands and feet, strapped her to the cot, stood beside it and said: '*Now* go on with your games'! This produced a twofold reaction in the little girl. On the one hand it evoked a feeling of furious anger with her mother, for which, bound as she was, she could find no motor discharge. On the other hand it gave rise to a violent sexual excitement which, in spite of her mother's presence or perhaps in defiance of her, she tried to gratify by rubbing her buttocks against the mattress.

To the child's mind the most terrible thing about this scene was that her father, whom her mother summoned, remained a passive witness of it and did not try to help his little daughter whom he loved tenderly.

Let me still relate how that recollection was recovered analytically. This was made possible by a dream of the patient's, in which she saw

herself sitting behind the bars in a police station, having been accused of some sort of sexual misconduct. Apparently she had been brought in from the street under suspicion of being a prostitute. The police-inspector, a kindly man, stood on the other side of the bars, without helping her. Here we have in fact an almost direct repetition of the situation in her childhood.

After this scene in childhood the patient gave up masturbation and therewith repressed her sexuality for a long time. What she repressed at the same time was her hatred for her mother, which in real life she never again betrayed in the same degree.

I do not regard the childhood scene with the mother as traumatic in the sense that it produced the subsequent psychic attitude of the patient. It merely brought together in concentrated form all those trends which determined her whole sexual life. The reproach against her mother that she had forbidden masturbation would certainly have arisen in her mind even *without* this scene. The reaction of hatred towards her mother was perceptible also in other situations of childhood and was in accordance with the patient's sadistic constitution. The same was true of her reproach against her father of failing to protect her from her mother. But this scene brought all these trends to the boiling-point, so to speak, and thus became the prototype of later occurrences.

From that time on, every sexual excitation became associated with the mother's prohibition and with the most violent aggressive impulses against her. These were opposed by the patient's whole psychic personality: reaction to these hate-impulses took the form of a strong sense of guilt towards her mother, which caused the hate to be transformed into a libidinal, masochistic attitude. This was why the patient replied to the direct question why she had so far not formed any homosexual tie by saying that she dreaded bondage. What she really dreaded was the masochistic attachment to her mother. This explains, too, why she had a dread of her women-servants and reproached her husband with not protecting her properly.

Although, as the analysis went on, an excessively strong penis-envy manifested itself, it was not the central point of the patient's personality; neither her character nor her attitude towards men indicated that she belonged to the type of woman who has a 'masculinity complex'. It is true that this does not seem to have been always the case, for analysis revealed phases, both in her childhood (before the time of the fateful experiences described) and also at

puberty, in which unmistakeable signs could be detected of a very marked development of activity, with a masculine bias. Especially at puberty she manifested quite plainly interests which were rather unusual in a girl of her period and social sphere. She succeeded brilliantly in sublimating this element of masculinity, and it remained sublimated all her life. But it seems that a considerable part of it remained as a burden on her mental economy, as was plainly shewn in dreams and certain symptoms, a sense of inferiority, etc.

I was greatly tempted to assume that it was just the patient's homosexuality which served to express her masculinity. But precisely here she did not fulfil my analytical expectations and thus I was confronted with a problem which I could not solve till years later.

But to preserve some sort of chronological order in recording my experiences I must for the moment discontinue my theoretical reflections on this case.

After we had worked through the above piece of analysis (that is to say, after eight months) the patient's father appeared, really for the first time, on the stage of the analytic play. With him came all the impulses belonging to the Œdipus complex, beginning with the vehement reproach, which the patient had never been able to get over, that he had not been active enough in his love for his daughter. I would specially emphasize that it was already clear to me at that time that the patient's hatred of her mother and libidinal desire for her were much older than the Œdipus complex.

I hoped that with the resuscitation of the father-relation—above all, through the renewed animation and correction of *this* relation—the outlook for the patient's libidinal future would become more favourable. I therefore sent her to an analyst of the fatherly type. Unfortunately the transference never went beyond respect and sympathy, and after a short time the patient broke off the analysis. About a year later I met her and saw before me a blooming, radiant woman. She told me that the fits of depression had altogether vanished. The desire for death, which in her perpetual nostalgia had always been with her, now seemed very remote. At last she had found happiness in an extraordinarily blissful and uninhibited sexual relation with another woman. The patient, who was very intelligent and well versed in analysis, informed me that her homosexual relation took the form of a perfectly conscious mother-and-child situation, in which sometimes the one and sometimes the other played the part of mother. It was, so to speak, a drama in which the actors doubled their parts.

In their homosexual caresses they derived gratification, especially from the oral zone and the external genital organs. In this relation there was no sign of a ' masculine-feminine ' opposition of rôles, but the antithesis between active and passive played an essential part. One received the impression that what made the situation so happy was precisely the possibility of playing *both* parts.

The result of the analysis was clear. All that had so plainly emerged in the analytic transference-situation had now been dissociated from the person of the woman-analyst and carried over to other women. Wishes frustrated in analysis could be fulfilled in relation to these new objects. Obviously, with the overcoming of her hostility to the woman-analyst the patient had also overcome her anxiety, so that, in place of these two feelings (anxiety and hostility) which produced the neurotic symptoms, she was able to form a positive libidinal relation with a woman. But first her infantile mortifications at the hand of the mother-substitute had to be wiped out by sexual gratification. The analytic treatment had not led to a further and more favourable resolution of the mother-fixation, that is to say, to the renunciation of homosexuality and a turning towards men.

Here I will pause and postpone theoretical discussion till after I have cited others of the cases I have analysed.

I must just add that, since the analysis, this patient has made no further attempt at suicide, but that I have heard that recently the old difficulties with women-servants have begun again. I conjecture that there has been some trouble in the love-relation and that this has probably led to a neurotic reaction. At all events there is no longer any question of such fits of depression as occurred before the analysis.

In the course of the last three years I have analysed several cases of homosexuality in women, in which this character was more manifest than in the case already discussed, and where the analysis began, so to speak, where our patient left off. All the women in question stood in a mother-and-child relation to their homosexual love-object and more or less consciously recognised this fact. In all the cases the forms of sexual gratification were the same : sleeping in close mutual embrace, sucking one another's nipples, mutual genital and, above all, anal masturbation, and *cunnilingus*, mainly in the form of sucking, practised intensively by both parties. Here again the double rôle of each partner must be specially stressed.

One of these patients divided her twofold rôle between two objects. One would be a little girl, quite young and helpless, who assumed the

part of the child, while the other would be some older, very active and authoritative woman, in relation to whom the patient herself played the part of the helpless girl. The latter relation generally began as follows: the patient, who was herself very active and ambitious in her work, entered into a sublimated relation with the other woman. For a short time her attitude was one of almost imperceptible rivalry, which became conscious only in the analysis. Then she began to fail in her own performance, in a manner which was clearly neurotic, and to drop into a subordinate position in relation to her friend. For example, after they had begun to prepare a technical work together, the upshot was that the patient (who was perhaps in fact the more gifted of the two) merely acted as secretary when the book came to be written. If, when they were engaged on any such joint task any sexual intimacy developed, the rôle of the active seducer was always left to the other woman.

I am selecting from this patient's life-history and analysis only such material as I require for the confirmation of the theoretical conclusions which I shall suggest later.

The patient was one of a very numerous family; she had several sisters and two brothers, only one of whom, four years her senior, played a part in her life-history. When the patient was nine months old and still being fed by her mother, a younger sister was born, who became her rival for the mother's breast. In earliest childhood the patient developed all sorts of oral symptoms from which we were able to reconstruct a situation which may be described as one of 'oral envy'. For a long time her relation to this sister remained one of rivalry; even in childhood she let her take precedence—obviously by way of over-compensation. Thus she mentioned in analysis that as quite a small child she had heard that, when there was so little difference of age between two sisters and so great a resemblance as between her and her sister, only one of them would marry and have children. She left it to her sister to achieve this feminine success and already at puberty, when her parents were divorced, soon after the birth of the youngest child, she gave up her father to her sister and remained with her mother.

Very early in childhood the patient showed reaction-formations against her aggressive tendencies which, prior to the birth of the next sister (when she herself was six years old), took shapes suggestive of an obsessional neurosis, though this never actually developed. At all events, during her mother's pregnancy at this time the patient

reproached herself most bitterly for not feeling the same goodwill towards her and towards the coming child as did her sister Erna, who, she was convinced, prayed every evening for the welfare of both.

Analysis revealed very strong aggressive impulses against the mother,[2] especially in her pregnant state, and against the new-born child. The patient's life and whole character were, as we discovered, shaped under the pressure of efforts to amend her murderous thoughts against mother and child.

On the next two occasions when her mother was pregnant (she again gave birth to girls) the same reaction was repeated and it was only when the youngest sister was born (the patient, as I have said, being then twelve years old) that the psychic situation changed. She had always remembered the father of her early days as a very mysterious, strange and powerful man, who inspired anxiety and timidity, but now the patient's attitude towards him gradually underwent a change. He developed heart-trouble which finally forced him to give up his work, and this involved his family in financial difficulties. This fact acted on the patient as an incentive to assume the rôle of the father herself and to indulge in phantasies in which she adorned high positions and was the breadwinner for the family. Later, by means of hard work, she actually translated these phantasies into reality.

In spite of this identification with the father and although she envied her brother his masculinity, her attitude, at the time when her youngest sister was born, was no longer one of rivalry, as it had been in the case of the other sisters. On the contrary, she fancied herself exceedingly in the rôle of a little mother and wanted to have the baby all to herself. From the point of view of her Œdipus complex she was already behaving in this situation exactly like a normal little girl. Analysis shewed that she had only been able to achieve this positive Œdipus attitude when she had dared to bring her father nearer to herself out of his overwhelming inaccessibility, and had thus been able to master her acute dread of the fulfilment of her masochistic sexual desires.

My experience has convinced me that this change of object, i.e.

[2] Melanie Klein's observations shew very illuminatingly what blood-thirsty impulses of aggression enter into the child's relation to the mother, especially when mobilized by a real experience (e.g. the birth of a brother or sister). The great value of these observations is that they were made in direct contact with children.

the turning of the libido away from the mother and towards the father, is more difficult in proportion as more aggressive and sadistic tendencies are predominant in a girl. This is not only because her active tendencies are an impediment, but also because precisely in such cases the change-over to the passive rôle must inevitably take on a peculiarly masochistic character, whereupon the ego must reject it as dangerous.

It is true that the patient had attained to the normal Œdipus situation (as the history of her puberty plainly shewed), but in so doing she derived from the relation of rivalry with her mother fresh food for her old pre-Œdipal aggressive impulses against her. With this was associated a burden of guilt which could be lightened only by new over-compensation, by renouncing the father and remaining finally arrested in the mother-fixation.

If we want to formulate in a succinct way the psychological basis of this relation we can put it as follows: 'I do not hate you; on the contrary, I love you. It is not true that you refuse me the breast and give it instead to my youngest (i.e. one might say 'pre-Œdipal') sister; you give it to me, and there is no need for me to kill you and the baby. It is not true that I have killed the baby, for I myself am the baby whom you love and nurse.' This fundamental attitude towards her mother was reflected not only in the form of direct oral gratification, as described earlier, in the patient's homosexual intercourse with the young girl, but also in her submissive, passive attitude, as mentioned above, to the older woman whom she loved.

It would appear that the homosexuality thus formulated has as yet nothing to do with the Œdipus situation; it is a continuation of the pre-Œdipal situation and a reaction to it.

Nevertheless, in the nature of the patient's relation to the young girl we not only see the reflection of the *active* side of the original mother-child relation, as exemplified in the typical identification of herself with the nursing mother, but we note already unmistakable indications of a fresh influence, namely, that of the Œdipus situation. The young girl always represented the patient's youngest sister, towards whom all her life long she actually assumed, by way of sublimation, the róle of mother; whilst the unsublimated homosexual impulse was directed towards a strange young girl as love-object. At one time she was the mother giving the breast to her child (by the father) and at another the child who was suckled. In this sexual experience she was able to transform her hatred of her mother into love, for she was granted her mother's breast; at the same time she could be the

mother in her function of actively giving and so convert the aggressive impulses against her mother into activity.

I will now relate some dreams from the analysis of this patient, selecting from a large quantity of material those which serve at once by their *manifest* content to confirm what I have just said.

One dream was as follows: The patient saw herself in the street with her youngest sister. She herself was pregnant. She was hurrying to reach a house which she saw before her. In the middle of the front of this house was a deep bay-window which stood open. This was her mother's room, and she wanted to reach it to give birth to the child there. She had a feeling of great anxiety lest she should lose the child in the street, i.e. lest a miscarriage should occur before she reached the house. She told her sister about this anxiety and then actually had a miscarriage in the street.

The real situation in the patient's life made it very easy to understand the dream. On the previous day she had had a visit from a little friend, who lived in another town and had not seen her since the beginning of her analysis. This girl was her homosexual love-object, of which her youngest sister was the prototype. The patient slept with her that night, holding her tightly embraced in her arms. Before the sexual tension found its discharge she was disturbed by an uncomfortable feeling that, if she gratified her homosexual desires, the analysis might suffer. She therefore sent the little girl away from her bed (lost her, so to speak, out of her arms), so as not to spoil her relation with me. It is plain that her pregnancy in the dream (i.e. the state in which she had the child with her, within her) stood for the actual sexual embrace. The longing felt in her dream for her pregnant mother, manifesting itself in a phantasy of the mother's womb as symbolized by the deep bay-window, is extraordinarily clear, as is the simultaneous identification with the mother and with the child *in utero*. In addition, it happened that, in this same analytic hour, the patient remembered for the first time that her mother had had a miscarriage when she herself was about three and a half. This was the very period of childhood in which she had been so strongly attached to her mother and had reacted to the latter's pregnancy with such an extraordinary aggressiveness.

The other element in the dream: ' I was walking with my youngest sister ' also expresses the situation before she went to sleep and means: ' I have my beloved by my side.' This dream-situation reveals a fact which I had arrived at analytically, namely, that her sexual relation to

her friend contained also the fulfilment of the Œdipus wish, for the new little daughter belonged not to the mother but to the patient herself. In the dream-situation : ' to reach the mother and give birth to the child,' or, ' not to reach the mother and to lose the child,' we have a remarkably clear indication of the identification of mother and child or giving birth and being born. The situation is connected with the pre-Œdipal mother-relation belonging to the very period when the mother's miscarriage occurred. The blending and overlaying of this situation with the Œdipus wishes also seems to be clear here.

I will give only a fragment of a second dream. The patient dreamt that she was lying on a sofa when a figure approached and tried to expose her. She endeavoured to scream and woke up crying out : ' My God, Frau Doctor ! ' On waking she noticed that she had her hand between her thighs.

A series of associations to this dream led to a subject which occupied her in real life at this stage of the analysis, namely, that of masturbation. For a long time the patient had refrained from this practice for fear of having to tell me about it. Latterly, she had begun to allow herself to masturbate (although not without inhibitions), under the impression that I had nothing against it. The exclamation : ' My God ! ' was intended for me and meant that I ought to save her from the danger of punishment, i.e. either prevent her masturbating or allow it. This interpretation followed from associations, some of which led back to an experience of her childhood. She had once touched an electric switch when her hand was damp and had been caught in a circuit so that she could not pull her hand away. At her cry for help (' My God ! ') her mother had rushed to her and was also caught in the circuit, but thus weakened its action so that the patient was able to free her hand. She had been saved by her mother. In the dream, I (like her mother) was to save her from what she had touched, i.e. from the consequences of her transgression of the prohibition. I was to do this by letting myself be drawn into the circuit of her excitation, embracing her and gratifying her desires.

I have quoted this fragment of the dream to illustrate that other important component part of her homosexuality by which the struggle with masturbation is resolved in that seemingly favourable way by her mother's intervention, i.e. her express sanction.

Another dream was as follows : A tall strong woman whom she took for her mother, although the latter was not really so tall and strong, was overwhelmed with grief because Erna (the younger sister,

next to the patient in age) was dead. Her father was standing by. She herself was feeling very cheerful because she was going away with her father to enjoy herself. But a glance at her mother shewed her that it would not do ; she must stay with her because she was in such trouble.

The interpretation of this dream is self-evident. The patient could not gratify her Œdipus wishes, she could not be gay and happy with a man, because her sense of guilt towards her mother, whose child she had killed, bound her to her mother and forced her into homosexuality.

Here is a short fragment of another long and illuminating dream. She saw herself doing analysis with Frl. Anna Freud, who was dressed as a man. In the dream this was explained on the ground that it was necessary for her to change her analyst. She thought that, with me, what she had to do was to produce free associations, but that with Frl. Freud it would be a matter of actual experience.

On the evening before the dream the patient had been taken by some friends to a lecture in the hall belonging to our Psycho-Analytical Society, at which Frl. Freud and I were present. In association with the dream she now told me that, when she was thinking of being analysed, Frl. Freud and I had been recommended to her. From the descriptions of us both she had formed the picture that Frl. Freud represented the mother-ideal, that she would be motherly to *all* children and ready to help them if they asked her, whereas my maternal feelings would, she imagined, be chiefly confined to my own children (would be, so to speak, sexualized). She remembered, too, that she had meant to write to us both before choosing, and it now occurred to her for the first time that she had asked for my address only.

On the evening before the dream she had had an opportunity of comparing the two of us. She thought that her idea of us was quite true and—how glad she was that she was doing analysis with me ! This protestation struck me as rather suspicious and I pointed out to her that the dream seemed to contradict it. It had struck me that the patient, who had gone to the lecture in order to see a certain analyst there, had not said a word about him, although he was sitting next to Frl. Freud. Moreover, we had not as yet interpreted the circumstance of Frl. Freud's appearing in the dream in men's clothes.

Some days later she dreamt that I was sitting *opposite* her, instead of behind her as I always did, and that I had a cigar in my hand. She

thought: 'The ash on that cigar is so long that in a minute it will drop.'

Her first association to the cigar was: 'Only men smoke them.'

My being turned by the patient into a man reminded me that she had done the same with Frl. Freud in the previous dream, and it struck me that, from where the patient sat during the lecture, she must, if she looked at Frl. Freud, have seen simultaneously a photograph of Professor Freud with a cigar in his hand, which was hanging on the wall. A similar photograph is on the writing-table in my consulting room. I now took the photograph and shewed it to her and she confirmed that this was the position in which I held my hand with the cigar in the dream.

Further analysis shewed that the desire of her heart had been to be analysed by Professor Freud, but that this wish, which sprang from her deep longing for the great man, for her father, had been repressed, and that Frl. Freud had also been drawn into the repression. As I have already said, the patient had indeed also repressed her meeting with the analyst of whom I spoke and the impression made upon her by Professor Freud's photograph. The repressed material then broke through, as I have described, when she turned myself and Frl. Freud into men.

This mode of reappearance of her father in her dreams proved that her turning to women represented also a flight from men. The analysis shewed from what sources these flight-tendencies were derived: a sense of guilt towards her mother and dread of disappointment and frustration.

Taking a rapid survey of this case we see that the first period of the patient's life was passed under somewhat unusual conditions. Her mother nursed her and a younger sister at the same time, and when the patient had to give up the breast to the latter she developed—with a certain justification—a strong oral envy. Her reaction to her mother's pregnancy in her third year was one of violent hostility and jealousy of the coming child. The dream of the miscarriage illustrates the little girl's mental state at that period and her strong wish herself to take the baby's place in the mother.

This dream was, however, overlaid with recollections of a later period (her twelfth year) and revealed in her identification with her mother her desire to have the child herself. This wish already indicates the Œdipus attitude, the development of which, apparently late and

slow but none the less powerful, we were able to trace during her analysis.

It is difficult to say whether the longing of her early infantile period (a longing which she never mastered) to be the sole possessor of her mother and to be nursed and tended by her had the effect of inhibiting the patient's normal libidinal development; or whether the further vicissitudes of her sexual life were determined by difficulties arising out of the Œdipus complex and familiar to us from other cases. I have tried to shew, in studying her dreams, that her return to her mother did not imply the renunciation of her longing for her father and that her relation to him was one of perpetual, terrified flight, which forced her into repression of her feminine attitude towards men.

From this material I should now like to draw certain theoretical conclusions which seem to me personally to be important for the understanding of feminine sexuality in general and of feminine homosexuality in particular.

It has often been said that our knowledge of *feminine* sexuality extends only so far as this is identical in childhood with that of *males*. It is not until *puberty*, when the woman really becomes a woman biologically, that the situation grows clearer and easier to grasp. Freud has thrown considerable light on the processes of the early period, in a paper entitled: 'Some Psychological Consequences of the Anatomical Distinction between the Sexes,'[3] in which he states that in girls the Œdipus complex does not establish itself until after the phallic phase. I have spoken elsewhere[4] of a 'swing towards passivity' in girls, at the centre of which lies the desire for an anal child by the father. Already at that time I pointed out that this swing towards passivity is really a regressive process, the regression being to a phase *before* the phallic organization, which is identical in boys and girls. In my view we have been too much absorbed by the processes in the phallic phase and by its various manifestations and vicissitudes, with the result that we have treated somewhat cavalierly the phase in which the swing towards passivity takes place. We content ourselves with establishing that the desire for the penis is exchanged for the desire for a child, and that it is then the task of the normal psychic forces in the little girl to secure her adjustment, without injury, to this fresh

---

[3] This JOURNAL, Vol. VIII, 1927.

[4] *Psychoanalyse der weiblichen Sexualfunktionen.* Internationaler Psychoanalytischer Verlag, 1925.

frustration. I think that no one who has made clinical observations will dispute the fact that the strength of the desire for a child depends entirely on the strength of the earlier desire for the penis which it has replaced. So that one may say : the stronger the wish for the penis, the stronger the subsequent wish for a child. The harder the little girl has found it to endure the frustation of her desire for the penis the more aggressive will be her reaction to the frustration of her desire for a child. Here we have a vicious circle, which so often puzzles us in analyses, as we repeatedly find that the most ardent, most feminine wish for a child occurs precisely in those women whose psychic struggles over their castration complex or penis-envy have been the most severe.

Let us suppose, however, that a little girl has managed to develop in a tolerably normal way as far as the Œdipus complex and has abandonded all hope of the penis, so that everything is ready for the conversion of her phallic activity into passivity. She is ready, that is to say, to receive an anal child from her father. Now it does not follow as yet that she is in a position to master the fresh disappointment, i.e. the frustration of her wish for a child. We must keep the scheme of her libidinal development before us and not forget that when this swing towards passivity takes place a number of *active* forces also come to life and raise their heads again, so to speak, with the re-cathexis of pregenital tendencies. In the normal psychic economy they no doubt find their small appointed place, for the mother's part in relation to her child is *active*, a fact sufficiently illustrated by the way in which little girls play with their dolls.

But what happens when a little girl, firstly, shrinks from the masochistic peril associated with the swing towards passivity and, secondly, is unable to bear the real frustration of her wish for a child, while she is convinced of the fruitlessness of her wish for the penis ? Let us visualize the situation of a child who has lost the narcissistic stimulus of her unrealizable wish for the penis and who through frustration, disappointment or fear feels rejected by her father, so that she finds herself alone with her libido, which the can sublimate only to a small extent. What will she do ? She will act like all living creatures in situations of danger ; she will flee to the place where she once felt secure and enjoyed protection and gratification, i.e. to her mother. It is true that she has experienced frustrations at her mother's hands also, but all these frustrations were preceded some time by gratification, for the mother who frustrates and who is hated was once the mother who granted desires.

There can be no doubt that, even in the phallic phase, the mother accords some gratification to the child's sexual instinct when she is attending to its bodily needs. But apparently at this period the instinctual claims are more imperative and cannot be so extensively gratified through their dependence on the functions which subserve the ego as in previous phases. We must bear in mind also the undisguised nature of the phallic sexual aims, the readiness with which they manifest themselves and the mother's shrinking back when she perceives the wishes betrayed by the child. We know from the analysis of mothers that the more any unconscious recollections of their own masturbation in childhood are mobilized by similar activities in their children, the greater is their horror of these activities. And further, the more the mother in an unconscious rôle of seducer has herself excited the child, the severer will be the frustrations which the child now suffers. The subsequent *direct* prohibition of masturbation, the forcible interference with the child's activities in that direction, fan the flame of her hostility to her mother who inflicts the frustration. Together with phallic masturbation, there comes also the *affective* discovery in the little girl of her anatomical ' defect '.

We know already that the responsibility for her lack of a penis is laid by her at her mother's door. Hence the sadistic impulses of the phallic phase come to be directed against the mother and probably give the signal for the change of object, whilst by this sadistic turning towards the mother the passive-masochistic attitude towards the father is facilitated. This is the result of what I have called the ' swing towards passivity '. Undoubtedly, not all the little girl's aggressive impulses are drawn off into the masochistic-passive attitude. A large amount of aggression is turned upon her father when he inflicts the disappointment, whilst another part remains attached to the mother in the relationship of rivalry which now develops. The strength of the aggressive impulses will certainly depend on the vigour of the phallic activity. Moreover, the masochistic turn taken by the child will prove the more intense, the more powerfully it is nourished from the source of her aggressions. The analyses of female patients in whom the castration complex is specially strong shew unmistakably how dangerous to them the passive attitude is—on account of its masochistic connection—and how bloodthirsty and murderous are the revengeful actions the child conceives against the mother. This is especially the case when the mother actually is or is phantasied to be pregnant, or when she has already given birth to her baby. This

attitude introduces into masochism its moral element, the strength of which will increase with the strength of the aggressive tendencies.

We see then what perils surround the little girl in this phase :

1. Libidinal-masochistic dangers from the anticipated fulfilment of her wishes by her father.

2. Dangers from the threatened loss of her newly chosen love-object, through frustration at her father's hands.

3. Dangers from the narcissistic mortification of her ego-libido through her discovery of her lack of a penis.

In these great perils the libido turns back, as I have said, to its former object, and naturally the readiness and eagerness with which it turns are in proportion to the strength of the earlier ties. It is, so to speak, a retrogression to experiences once enjoyed. By this I mean that to the early infantile ambivalent conflicts are now added the aggressive impulses arising out of the rivalry connected with the Œdipus complex, as well as a more highly organized sense of guilt.

The economic advantage of this renewed turning towards the mother lies in the liberation from the sense of guilt ; but I think its most important function is the protection of the little girl from the threatened loss of her love-object. ' If my father does not want me and such a blow is dealt to my self-love, who will love me now if not my mother ? '

We have a superabundance of analytic material which demonstrates this bisexual oscillation between father and mother and its outcome in neurosis, heterosexuality or inversion. We see the libido swinging between the poles of two magnets, between attraction and repulsion. The chances of wish-fulfilment represent the *attraction* by one pole, while frustration, anxiety and the mobilization of the sense of guilt represent *repulsion* by the other pole. The same is true of the other magnet. And one of the worst results of the oscillation is an arrest between the two in a state of persisting narcissism. There are certain cases of blocking of affect and especially certain narcissistic clinical pictures which we cannot place in the category of any of the known forms of neurosis and which represent an arrest of this sort in the swing of the libidinal pendulum. Should the analytic transference produce a more noticeable oscillation, the obsessional neurosis will then become manifest, the ambivalent swing of which had so far been concealed by the blocking of affect.

In the cases of homosexuality which I analysed there was a longer or shorter phase of indecision, which proves that we have to do not

merely with a simple fixation to the mother as the first love-object but with a complicated process of retrogression. The ultimate decision in favour of the maternal magnet depends, of course, upon the old forces of attraction, but also on the conditions of repulsion from the other magnet, i.e. on frustration, anxiety and guilt-reactions.

The retrogression to the mother having been begun, there still remains something to be done in order to give the process the character of a full inversion. Above all the motives which had once induced the little girl to follow the biological summons to her father must be annulled. Thus, the sexual gratification derived from masturbation, which the mother formerly forbade, must not only be no longer forbidden by her; she must actively concur in it. The frustrations of the past must be compensated for by a subsequent sanctioning no less of the original passive than of the later, active experience. This sanctioning of the activity (which in the past was impossible) may be said to make up for the interruption of the phallic activity. The form now taken by the little girl's active attitude in relation to the maternal object depends on the phase of development within which the homosexual object-relation unfolds. Or, to put it more accurately, it depends on which is the *predominant* phase, for closer observation shews that there is a reactivation of *all* phases in which the mother has played a part, i.e. of every phase of development passed through in early childhood. As a rule, the phallic tendencies are the most pressing and they cause the subject's relation to other women to assume a masculine form, implying a denial of her lack of a penis. They may even dominate the whole homosexual picture and produce a definite—in fact the most striking—homosexual type.[5] Women of this type deny their lack of a penis and make their female love-object confirm their masculinity and endorse their phallic masturbation in the sense indicated

[5] The case of feminine homosexuality published by Freud would also come into the category of this ' masculine ' type, even though the patient's original attitude was entirely feminine and the wish for masculinity made its appearance only when she identified herself subsequently with the father whom she had once loved (Freud : ' The Psychogenesis of a Case of Homosexuality in a Woman ', *Collected Papers*, Vol. II). The two cases of feminine homosexuality described by Fenichel (*Perversionen, Psychosen, Charakterstörungen*. Internationaler Psychoanalytischer Verlag. Vienna, 1932), display the same psychic mechanisms as Freud's case. In them also we find a ' masculine ' identification with the father as a reaction to the disappointments suffered.

above. It is now of minor importance whether the intention be to stress the femininity of the other woman or whether the affirmation of the penis be meant to apply to both subject and object, the latter assuming alternately the masculine and the feminine rôle. These are two subspecies of the same basic type. Again, such factors as the magnitude of the contribution of the old rivalry (especially where displacement from the mother to a sister, or anything analogous to this, has early taken place) ; the quantity of the masochistic or the sadistic components, i.e. the predominance of aggressive tendencies or of guilt-reactions ; the playing of a more passive or more active part : all these are really only details in the problem of feminine homosexuality as a whole.

I have said that the phallic-masculine form of homosexuality is the most striking, but behind it there always hide far deeper tendencies. I even have the impression that this maculine form sometimes represents a façade erected to conceal the more infantile, yet predominant tendencies. In the majority of the cases which I have analysed the subject was impelled by the strength of her pregenital instincts to a far-reaching, frank surrender of her masculine attitude. Consciously or unconsciously, the perversion was governed by the mother-child relation enacted on pregenital levels, in the deep furrows of fixation belonging to the prephallic phases. On her retrogressive path the subject had taken with her from the phallic phase the wish for activity, and fulfilled this wish in the homosexual relation as her most highly prized form of gratification. We often hear little children say : ' When you are little and I am big . . .' This idea is realized in the double rôle always enacted in such relations, the child doing to the mother everything which the mother once did to her. This sanctioning of activity and permission to masturbate constitutes a motive common to all forms of homosexuality. In the phallic situation the mortification inflicted by the mother is compensated for by a kind of affirmation of the little girl's possession of the penis ; similarly, in this new edition of the mother-child relation the pregenital frustration must also be annulled, and this is what largely happens in the activities from which homosexuals derive their gratification. In *Drei Abhandlungen zur Sexualtheorie* Freud has emphasized the special preference accorded to the mucous membrane of the mouth in the practices of inverted women, and Jones[6] has found the source of the disposition to homo-

[6] ' The Early Development of Female Sexuality,' this JOURNAL, Vol. VIII, 1927.

sexuality in women in the oral-sadistic phase. The hypothesis of this dispositional factor seems to me to be fully confirmed in all my cases. Further, I can state with complete certainty that in every one of these there was a specially strong reaction to the castration complex; in all of them we discovered the Œdipus complex in its entirety, with peculiarly powerful aggressive reactions.

The retrogression to the mother-child attitude was invariably introduced by the wish for that child which the subject formerly desired in exchange for the penis and which was denied to her. One of the sources from which inversion draws its strength is the little girl's reaction to the fact: 'My mother has the baby and not I.' The element of cruelty in this reaction follows lines already laid down by the patient's disposition, and only finds discharge, in a complicated manner, in the subject's relation to her own child. This was shewn beyond any doubt in the dream-material of the patient whose case I have quoted.

Seeing how deep and complex is the mother-child relation we need not wonder that the longing for the mother takes on the character of a phantasy of the mother's womb. In the first case quoted this grandiose conjunction of the longing for the mother with the death-wish towards her was apparent; it forms a contribution to the subject of mother-fixation and the dread of death.

I cannot leave this theme without briefly discussing a question which at this point suggests itself. Is it really necessary to explain in so roundabout a way the little girl's fixation on her maternal love-object? Would it not be simpler to speak of a primal fixation and to look for its cause in constitutional factors? I approached the material under discussion without any preconceptions and yet, in the cases of feminine homosexuality which I analysed, I found none in which the light or shade cast by the father upon this primal relation did not play an important and essential part.

In the last years, it is true, I think that in certain cases I have at times observed something which suggested that the Œdipus complex had played no part, or almost none, and that the libido had always known but *one* object, the mother. But these were quite special cases, in which the whole neurosis had the character of general psychic infantilism with diffuse anxieties and perversions, and it proved impossible to extricate the transference from an adhesiveness full of anxiety which obstinately resisted correction.

In view of Freud's latest publication it would be a profitable piece

of clinical work to collect certain obscure clinical pictures which may perhaps be explained by the primary mother-fixation. Besides the cases of infantilism mentioned above, certain forms of hysteria will without doubt also come into this category, forms in which it is so hard to wean the patient from the epinosic gain because this visibly repeats the early infantile situation of the child whom the mother tends and cares for.

To go back to my subject: we must still consider the question of the point at which a girl takes the definitive move in the direction of homosexuality. We know that, in girls, the infantile period of sexual development terminates less abruptly and radically than in boys. The change of love-object takes place gradually and it seems that not until puberty is the die cast, not only in respect of the choice of an object but also as regards the subject's readiness to adopt the passive attitude.

We find that in the latency period girls are much more dependent on the mother than are boys. Perhaps this has some connection with the girl's dread of losing her love-object, as I have already tried to shew, and further with the nature of the process of sublimation, which, in girls, takes place more by way of tender object-relations, whereas in boys it manifests itself rather in an active attitude towards the outside world.

It seems, however, that in girls a stronger sublimation, directed more towards the outside world, occurs at puberty in the 'swing towards activity,' which I have described.[7] This bears witness that the feminine-passive attitude is not attained definitively in the infantile phase. I believe that it is general and normal for girls to go through an active, boyish period at puberty. It is from this that they derive their best energies for sublimation and for the formation of their personality, and I think I shall be right if I venture to introduce a variation into the dictum of R. Wagner: 'A girl who was not something of a boy in her youth will turn into a *vacca domestica* in later years.' Of course this period of activity harbours the familiar great dangers of the 'masculinity-complex' and its neurotic consequences. If it is true that the ultimate change of object likewise takes place at puberty, the swing towards activity will also involve fresh dangers for the heterosexual attitude, and the 'masculine tendencies' of puberty, too, will make their contribution to homosexuality.

---

[7] Op. cit.

Lastly, I must mention the final struggles which occur at puberty in the *mastering* of the Œdipus complex. In the work of Freud's which I referred to earlier we have a classical instance of feminine homosexuality arising at puberty in consequence of the difficulties connected with the Œdipus complex. I must, however, avow once more that in all the cases observed by me personally the foundation-stone of the later inversion had already been laid in the first period of infancy.

THE DENIAL OF THE VAGINA

A Contribution to the Problem of the Genital Anxieties specific to Women

BY

KAREN HORNEY

CHICAGO

The fundamental conclusions to which Freud's investigations of the specific character of feminine development have led him are as follows: first, that in little girls the early development of instinct takes the same course as in boys, both in respect of the erotogenic zones (in the two sexes only one genital organ, the penis, plays a part, the vagina remaining undiscovered) and also in respect of the first choice of object (for both the mother is the first love-object). Secondly, that the great differences which nevertheless exist between the two sexes arise from the fact that this similarity of libidinal trend does not go with similar anatomical and biological foundations. From this premise it follows logically and inevitably that girls feel themselves inadequately equipped for this phallic orientation of their libido and cannot but envy boys their superior endowment in that respect. Over and above the conflicts with the mother which the girl shares with the boy, she adds a crucial one of her own; she lays at her mother's door the blame for her lack of a penis. This conflict is crucial because it is just this reproach which is essential for her detachment from her mother and her turning to her father.

Hence Freud has chosen a happy phrase to designate the period of blossoming of childish sexuality, the period of infantile genital primacy in girls as well as boys, which he calls the '*phallic phase*'.

I can imagine that a man of science who was not familiar with analysis would in reading this account pass over it as merely one of the many strange and peculiar notions which analysis expects the world to believe. Only those who accept the point of view of Freud's theories can gauge the importance of this particular thesis for the understanding of feminine psychology as a whole. Its full bearings emerge in the light of one of the most momentous discoveries of Freud's, one of those achievements which, we may suppose, will prove lasting. I refer to the realization of the crucial importance for the whole subsequent life of the individual of the impressions, experiences and conflicts of early childhood. If we accept this proposition in its entirety, i.e. if we recognize the formative influence of early experience

on the subject's capacity for dealing with his later experience and the way in which he does so, there ensue at least potentially, the following consequences as regards the specific psychic life of women :

(1) With the onset of each fresh phase in the functioning of the female organs—menstruation, coitus, pregnancy, parturition, suckling and the menopause—even a normal woman (as Helene Deutsch [1] has in fact assumed) would have to overcome impulses of a masculine trend before she could adopt an attitude of whole-hearted affirmation towards the processes taking place within her body.

(2) Again, even in normal women, irrespective of race and of social and individual conditions, it would happen altogether more readily than in men that the libido adhered, or came to be turned, to persons of her own sex. In a word : *homosexuality* would be incomparably and unmistakably more common amongst women than amongst men. Confronted with difficulties in relation to the opposite sex, a woman would plainly fall back more readily than a man into a homosexual attitude. For, according to Freud, not only are the most important years of her childhood dominated by such an attachment to one of her own sex but, when she first turns to a man (the father), it is in the main only by way of the narrow bridge of resentment. ' Since I cannot have a penis I want a child instead and " for this purpose " I turn to my father. Since I have a grudge against my mother because of the anatomical inferiority for which I hold her responsible, I give her up and turn to my father '. Just because we are convinced of the formative influence of the first years of life we should feel it a contradiction if the relation of woman to man did not retain throughout life some tinge of this enforced choice of a substitute for that which was really desired.[2]

(3) The same character of something remote from instinct, secondary and substitutive, would, even in normal women, adhere to the *wish for motherhood*, or at least would very easily manifest itself.

Freud by no means fails to realize the strength of the desire for children : in his view it represents on the one hand the principal legacy of the little girl's strongest instinctual object-relation, i.e. to the mother, in the shape of a reversal of the original child-mother relationship. On the other hand, it is also the principal legacy of the

---

[1] H. Deutsch : *Psychoanalyse der weiblichen Sexualfunktionen.*

[2] In a later work I hope to discuss the question of early object-relations regarded as the basis of the phallic attitude in little girls.

early, elementary wish for the penis. The special point about Freud's conception is rather that it views the wish for motherhood not as an innate formation, but as something that can be reduced psychologically to its ontogenetic elements and draws its energy originally from homosexual or phallic instinctual desires.

(4) If we accept a second axiom of psycho-analysis, namely, that the individual's attitude in sexual matters is the prototype of his attitude towards the rest of life, it would follow, finally, that woman's whole reaction to life would be based on a strong, subterranean resentment. For, according to Freud, the little girl's penis-envy corresponds to a sense of being at a radical disadvantage in respect of the most vital and most elementary instinctual desires. Here we have the typical basis upon which a general resentment is wont to be built up. It is true that such an attitude would not follow inevitably; Freud says expressly that, *where development proceeds favourably*, the girl finds her own way to the man and to motherhood. But here, again, it would contradict all our analytical theory and experience if an attitude of resentment so early and so deeply rooted did not manifest itself extremely easily—by comparison much more easily than in men under similar conditions—or at any rate were not readily set going as an undercurrent detrimental to the vital feeling-tone of women.

These are the very weighty conclusions with regard to the whole psychology of women which follow from Freud's account of early feminine sexuality. When we consider them, we may well feel that it behoves us to apply again and again the tests of observation and theoretical reflection to the facts on which they are based and to their proper appraisal.

It seems to me that analytic experience alone does not sufficiently enable us to judge the soundness of some of the fundamental ideas which Freud has made the basis of his theory. I think that a final verdict about them must be postponed until we have at our disposal systematic observations of *normal* children, carried out on a large scale by persons trained in analysis. Amongst the views in question I include Freud's statement that ' it is well known that a clearly-defined differentiation between the male and the female character is first established after puberty '. The few observations which I have made myself do not go to confirm this statement. On the contrary I have always been struck by the marked way in which little girls between their second and fifth years exhibit specifically feminine traits. For instance, they often behave with a certain spontaneous feminine

coquetry towards men, or display characteristic traits of maternal solicitude. From the beginning I have found it difficult to reconcile these impressions with Freud's view of the initial masculine trend of the little girl's sexuality.

We might suppose that Freud intended his thesis of the original similarity of the libidinal trend in the two sexes to be confined to the sphere of sex. But then we should come into conflict with the maxim that the individual's sexuality sets the pattern for the rest of his behaviour. To clear up this point we should require a large number of exact observations of the differences between the behaviour of normal boys and that of normal girls during their first five or six years.

Now it is true that, in these first years, little girls who have not been intimidated very often express themselves in ways which admit of interpretation as early penis-envy ; they ask questions, they make comparisons to their own disadvantage, they say they want one too, they express admiration of the penis or comfort themselves with the idea that they will have one later on. Supposing for the moment that such manifestations occurred very frequently or even regularly, it would still be an open question what weight and place in our theoretical structure we should give them. Consistently with his total view, Freud utilizes them to shew how much even the little girl's instinctual life is dominated already by the wish to possess a penis herself.

Against this view I would urge the following three considerations :

(1) In boys of the same age, too, we meet with parallel expressions in the form of wishes to possess breasts or to have a child.

(2) In neither sex have these manifestations *any influence on the child's behaviour as a whole.* A boy who wishes vehemently to have a breast like his mother's may at the same time behave in general with thorough-going boyish aggressiveness. A little girl who casts glances of admiration and envy at her brother's genital may simultaneously behave as a true little woman. Thus it seems to me still an open question whether such manifestations at this early age are to be deemed expressions of elementary instinctual demands or whether we should not perhaps place them in a different category.

(3) Another possible category suggests itself if we accept the assumption that there is in every human being a bisexual disposition. The importance of this for our understanding of the mind has, indeed, always been stressed by Freud himself. We may suppose that though at birth the definitive sex of each individual is already fixed physically,

the result of the bisexual disposition which is always present and merely inhibited in its development, is that *psychologically* the attitude of children to their own sexual rôle is at first uncertain and tentative. They have no consciousness of it and therefore naturally give naïve expression to bisexual wishes. We might go further and conjecture that this uncertainty only disappears in proportion as stronger feelings of love, directed to objects, arise.

To elucidate what I have just said, I may point to the marked difference which exists between these diffuse bisexual manifestations of earliest childhood, with their playful, volatile character, and those of the so-called latency-period. If, at *this* age, a girl wishes to be a boy—but here again the frequency with which these wishes occur and the social factors by which they are conditioned should be investigated —the manner in which this determines her whole behaviour (preference for boyish games and ways, repudiation of feminine traits) reveals that such wishes emanate from quite another depth of the mind. This picture, so different from the earlier one, represents, however, already the outcome of mental conflicts[3] that she has been through and cannot therefore, without special theoretical assumptions, be claimed as a manifestation of masculinity wishes which had been laid down biologically.

Another of the premises on which Freud builds up his view relates to the erotogenic zones. He assumes that the girl's early genital sensations and activities function essentially in the clitoris. He regards it as very doubtful whether any early vaginal masturbation takes place and even holds that the vagina remains altogether ' undiscovered '.

To decide this very important question we should once more require extensive and exact observation of normal children. Josine Müller[4] and I myself, as long ago as 1925, expressed doubts on the subject. Moreover, most of the information we occasionally get from gynæcologists and children's physicians interested in psychology suggests that, just in the early years of childhood, vaginal masturbation is at least as common as clitoral. The various data which give rise to this impression are: the frequent observation of signs of vaginal irritation, such as reddening and discharge, the relatively

---

[3] Horney: ' On the Genesis of the Castration Complex in Women ', this JOURNAL, 1924, Vol. V.

[4] Josine Müller: ' The Problem of Libidinal Development of the Genital Phase in Girls ', this JOURNAL, 1932, Vol. XIII.

frequent occurrence of the introduction of foreign bodies into the vagina and, finally, the fairly common complaints by mothers that their children put their fingers into the vagina. The well-known gynæcologist, Wilhelm Liepmann, has stated [5] that his experience as a whole has led him to believe that, in early childhood and even in the first years of infancy, vaginal masturbation is much more common than clitoral, and that only in the later years of childhood are the relations reversed in favour of clitoral masturbation.

These general impressions cannot take the place of systematic observations, nor therefore can they lead to a final conclusion. But they do shew that the exceptions which Freud himself admits seem to be of frequent occurrence.

Our most natural course would be to try to throw light upon this question from our analyses, but this is difficult. At the very best the material of the patient's conscious recollections or the memories which emerge in analysis cannot be treated as unequivocal evidence, because, here as everywhere else, we must also take into account the work of repression. In other words: the patient may have good reason for not remembering vaginal sensations or masturbation, just as conversely we must feel sceptical about her ignorance of clitoral sensations.[6]

A further difficulty is that the women who come for analysis are just those from whom one cannot expect even an average naturalness about vaginal processes. For they are always women whose sexual development has departed somehow from the normal and whose *vaginal* sensibility is disturbed in a greater or lesser degree. At the same time it does seem as if even accidental differences in the material play their part. In approximately two-thirds of my cases I have found the following state of affairs:—

(1) Marked vaginal orgasm produced by manual vaginal masturbation prior to any coitus. Frigidity in the form of vaginismus and defective secretion in coitus. I have seen only two cases of this sort which were quite unmistakable. I think that, in general, preference is shewn for the clitoris or the labia in manual genital masturbation.

---

[5] In a private conversation.

[6] In a discussion following the reading of my paper on the phallic phase, before the German Psycho-Analytical Society, in 1931, Boehm cited several cases in which only vaginal sensations and vaginal masturbation were recollected and the clitoris had apparently remained 'undiscovered'.

(2) Spontaneous vaginal sensations, for the most part with noticeable secretion, aroused by unconsciously stimulating situations, such as that of listening to music, motoring, swinging, having the hair combed, and certain transference-situations. No manual vaginal masturbation ; frigidity in coitus.

(3) Spontaneous vaginal sensations produced by extra-genital masturbation, e.g. by certain motions of the body, by tight-lacing, or by particular sadistic-masochistic phantasies. No coitus, because of the over-powering anxiety aroused whenever the vagina is about to be touched, whether by a man in coitus, by a physician in a gynæcological examination, or by the subject herself in manual masturbation, or in any douching prescribed medically.

For the time being, then, my impressions may be summed up as follows : in manual genital masturbation the clitoris is more commonly selected than the vagina, *but spontaneous genital sensations resulting from general sexual excitations are more frequently located in the vagina.*

From a theoretical standpoint I think that great importance should be attached to this relatively frequent occurrence of spontaneous vaginal excitations even in patients who were ignorant, or had only a very vague knowledge, of the existence of the vagina, and whose subsequent analysis did not bring to light memories or other evidence of any sort of vaginal seduction, nor any recollection of vaginal masturbation. For this phenomenon suggests the question *whether from the very beginning sexual excitations may not have expressed themselves perceptibly in vaginal sensations.*

In order to answer this question we should have to wait for very much more extensive material than any single analyst can obtain from his own observations. Meanwhile there are a number of considerations which seem to me to favour my view.

In the first place there are the phantasies of rape which occur before coitus has taken place at all, and indeed long before puberty, and are frequent enough to merit wider interest. I can see no possible way of accounting for the origin and content of these phantasies if we are to assume the non-existence of vaginal sexuality. For these phantasies do not in fact stop short at quite indefinite ideas of an act of violence, through which one gets a child. On the contrary, phantasies, dreams, and anxiety of this type usually betray quite unmistakably an instinctive ' knowledge ' of the actual sexual processes. The guises they assume are so numerous that I need only indicate a few of them : criminals who break in through windows or doors ;

men with guns who threaten to shoot ; animals which creep, fly or run inside some place (e.g. snakes, mice, moths) ; animals or women stabbed with knives ; or trains running into a station or tunnel.

I speak of an ' instinctive ' knowledge of the sexual processes because we meet typically with ideas of this sort, e.g. in the anxieties and dreams of early childhood, at a period when as yet there is no intellectual knowledge derived from observation or from explanations by others. It may be asked whether such instinctive knowledge of the processes of penetration into the female body necessarily presupposes an instinctive knowledge of the existence of the vagina as the organ of reception. I think that the answer is in the affirmative if we accept Freud's view that ' the child's sexual theories are modelled on the child's own sexual constitution '. For this can only mean that the path traversed by the sexual theories of children is marked out and determined by spontaneously experienced impulses and sensations in its organs. If we accept this origin for the sexual theories, which already embody an attempt at rational elaboration, we must all the more admit it in the case of that instinctive knowledge which finds symbolic expression in play, dreams, and various forms of anxiety, and which obviously has not reached the sphere of reasoning and the elaboration which takes place there. In other words, we must assume that both the dread of rape, characteristic of puberty, and the infantile anxieties of little girls are based on vaginal organ sensations (or the instinctual impulses issuing from these), which imply that something ought to penetrate into that part of the body.

I think we have here the answer to an objection which may be raised, namely, that many dreams indicate the idea that an opening was only created when first the penis brutally penetrated the body. For such phantasies would not arise at all but for the previous existence of instincts—and the organ sensations underlying them—having the passive aim of reception. Sometimes the connection in which dreams of this type occur indicates quite clearly the origin of this particular idea. For it occasionally happens that, when a general anxiety about the injurious consequences of masturbation makes its appearance, the patient has dreams with the following typical content : she is doing a piece of needlework and all at once a hole appears, of which she feels ashamed ; or she is crossing a bridge which suddenly breaks off in the middle, above a river or a chasm ; or she is walking along a slippery incline and all at once begins to slide and is in danger of falling over a precipice. From such dreams we may conjecture that when these

patients were children and indulged in onanistic play, they were led by vaginal sensations to the discovery of the vagina itself, and that their anxiety took the very form of the dread that they had made a hole where no hole ought to be. I would here emphasize that I have never been wholly convinced by Freud's explanation why girls suppress direct genital masturbation more easily and frequently than boys. As we know, Freud supposes [7] that (clitoral) masturbation becomes odious to little girls because comparison with the penis strikes a blow at their narcissism. When we consider the strength of the drive behind the onanistic impulses, a narcissistic mortification does not seem altogether adequate in weight to produce suppression. On the other hand, the dread that she has done herself an irreparable injury in that region might well be powerful enough to prevent vaginal masturbation, and either to compel the girl to restrict the practice to the clitoris, or else permanently to set her against all manual genital masturbation. I believe that we have further evidence of this early dread of vaginal injury in the envious comparison with the man which we frequently hear from patients of this type, who say that men are ' so nicely closed up ' underneath. Similarly, that deepest anxiety which springs out of masturbation for a woman, the dread that it has made her unable to have children, seems to relate to the inside of the body rather than to the clitoris.

This is another point in favour of the existence and the significance of early vaginal excitations. We know that observation of sexual acts has a tremendously exciting effect upon children. If we accept Freud's view we must assume that such excitation produces in little girls in the main the same phallic impulses to penetrate as are evoked in little boys. But then we must ask: whence comes the anxiety met with almost universally in the analyses of female patients—the dread of the gigantic penis which might pierce her? The origin of the idea of an excessively large penis can surely not be sought anywhere but in childhood, when the father's penis must actually have appeared menacingly large and terrifying. Or again, whence comes that understanding of the female sexual rôle, evinced in the symbolism of sexual anxiety, in which those early excitations once more vibrate? And how can we account at all for the unbounded jealous fury with the mother, which commonly manifests itself in the analyses of women

[7] Freud: ' Some Psychological Consequences of the Anatomical Distinction between the Sexes ', this JOURNAL, 1927, Vol. VIII.

when memories of the ' primal scene ' are affectively revived ? How does this come about if at that time the subject could only share in the excitations of the father ?

Let me bring together the sum-total of the above data. We have : reports of powerful vaginal orgasm going with frigidity in subsequent coitus ; spontaneous vaginal excitation without local stimulus, but frigidity in intercourse ; reflections and questions arising out of the need to understand the whole content of early sexual games, dreams, and anxieties, and later phantasies of rape, as well as reactions to early sexual observations ; and finally certain contents and consequences of the anxiety produced in women by masturbation. If I take all the foregoing data together, I can see only one hypothesis which gives a satisfactory answer to all the questions which present themselves, the hypothesis, namely, that *from the very beginning the vagina plays its own proper sexual part.*

Closely connected with this train of thought is the problem of frigidity, which to my mind lies *not* in the question how the quality of libidinal sensibility becomes transmitted to the vagina,[8] but rather, how it comes about that the vagina, in spite of the sensibility which it already possesses, either fails altogether to react or reacts in a disproportionately small degree to the very strong libidinal excitations furnished by all the emotional and local stimuli in coitus ? Surely there could be only *one* factor stronger than the will for pleasure, and that factor is anxiety.

[8] In reply to Freud's assumption that the libido may adhere so closely to the clitoral zone that it becomes difficult or impossible for sensibility to be transferred to the vagina, may I venture to enlist Freud against Freud ? For it was he who shewed convincingly how ready we are to snatch at fresh possibilities of pleasure and how even processes which have no sexual quality, e.g. movements of the body, speech or thought, may be eroticized and that the same is actually true of tormenting or distressing experiences such as pain or anxiety. Are we then to suppose that in coitus, which furnishes the very fullest opportunities for pleasure, the woman recoils from availing herself of them ! Since to my thinking this is a problem which really does not arise, I cannot, moreover, follow H. Deutsch and M. Klein in their conjectures about the transference of the libido from the oral to the genital zone. There can be no doubt that in many cases there is a close connection between the two. The only question is whether we are to regard the libido as being ' transferred ' or whether it is simply inevitable that when an oral attitude has been early established and persists, it should manifest itself in the genital sphere *also*.

We are now immediately confronted by the problem of what is meant by this vaginal anxiety or rather by its infantile conditioning factors. Analysis reveals, first of all, castration-impulses against the man and, associated with these, an anxiety whose source is twofold : on the one hand, the subject dreads her own hostile impulses and, on the other, the retribution which she anticipates in accordance with the law of talion, namely, that the contents of her body will be destroyed, stolen or sucked out. Now these impulses in themselves are, as we know, for the most part not of recent origin, but can be traced to old, infantile feelings of rage and impulses of revenge against the father, feelings called forth by the disappointments and frustrations which the little girl has suffered.

Very similar in content to these forms of anxiety is that described by Melanie Klein, which can be traced back to early destructive impulses directed against the body of the mother. Once more it is a question of the dread of retribution, which may take various forms, but the essence of which is broadly that everything which penetrates the body or is already there (food, fæces, children) may become dangerous.

Although, at bottom, these forms of anxiety are so far analogous to the genital anxiety of boys, they take on a specific character from that proneness to anxiety which is part of the biological make-up of girls. In this and earlier papers I have already indicated what are these sources of anxiety and here I need only complete and sum up what has been said before :—

(1) They proceed first of all from the tremendous difference in size between the father and the little girl, between the genitals of father and child. We need not trouble to decide whether the disparity between penis and vagina is inferred from observation or whether it is instinctively apprehended. The quite comprehensible and indeed inevitable result is that any phantasy of gratifying the tension produced by vaginal sensations (i.e. the craving to take into oneself, to receive) gives rise to anxiety on the part of the ego. As I showed in my paper ' The Dread of Woman ', I believe that in this biologically determined form of feminine anxiety we have something specifically different from the boy's original genital anxiety in relation to his mother. When he phantasies the fulfilment of genital impulses he is confronted with a fact very wounding to his self-esteem (' my penis is too small or my mother ') ; the little girl, on the other hand, is faced with destruction of part of her body. Hence, carried back to its ultimate

biological foundations, the man's dread of the woman is genital-narcissistic, while the woman's dread of the man is physical.

(2) A second specific source of anxiety, the universality and significance of which is emphasized by Daly,[9] is the little girl's observation of menstruation in adult relatives. Beyond all (secondary !) interpretations of castration she sees demonstrated for the first time the vulnerability of the female body. Similarly, her anxiety is appreciably increased by observations of a miscarriage or parturition by her mother. Since, in the minds of children and (when repression has been at work) in the unconscious of adults also, there is a close connection between coitus and parturition, this anxiety may take the form of a dread not only of parturition but also of coitus itself.

(3) Finally, we have a third specific source of anxiety in the little girl's reactions (again due to the anatomical structure of her body) to her early attempts at vaginal masturbation. I think that the consequences of these reactions may be more lasting in girls than in boys, and this for the following reasons : In the first place she cannot actually ascertain the effect of masturbation. A boy, when experiencing anxiety about his genital, can always convince himself anew that it does exist and is intact ;[10] a little girl has no means of proving to herself that her anxiety has no foundation in reality. On the contrary, her early attempts at vaginal masturbation bring home to her once more the fact of her greater physical vulnerability,[11] for I have found in analysis that it is by no means uncommon for little girls, when attempting masturbation or engaging in sexual play with other children, to incur pain or little injuries, obviously caused by infinitesimal ruptures of the hymen.[12]

---

[9] Daly : ' Der Menstruationskomplex '. *Imago*. Bd. XIV. 1928.

[10] These real circumstances must most certainly be taken into account as well as the strength of unconscious sources of anxiety. For instance, a man's castration-anxiety may be intensified as the result of phimosis.

[11] It is perhaps not without interest to recall that the gynæcologist Wilhelm Liepmann (whose standpoint is not that of analysis), in his book : *Psychologie der Frau,* says that the ' vulnerability ' of women is one of the specific characteristics of their sex.

[12] Such experiences often come to light in analysis, firstly, in the form of screen-memories of injuries to the genital region, sustained in later life, possibly through a fall. To these recollections patients react with a terror and shame out of all proportion to the cause. Secondly, there may be an overwhelming dread lest such an injury should possibly occur.

Where the general development is favourable, i.e. above all where the object-relations of childhood have not become a fruitful source of conflict, this anxiety is satisfactorily mastered and the way is then open for the subject to assent to her feminine rôle. That in unfavourable cases the effect of the anxiety is more persistent with girls than with boys is, I think, indicated by the fact that, with the former, it is relatively more frequent for direct genital masturbation to be given up altogether, or at least it is confined to the more easily accessible clitoris with its lesser cathexis of anxiety. Not seldom everything connected with the vagina—the knowledge of its existence, vaginal sensations and instinctual impulses—succumbs to a relentless repression: in short, the fiction is conceived and long maintained that the vagina does not exist, a fiction which at the same time determines the little girl's preference for the masculine sexual rôle.

All these considerations seem to me to be greatly in favour of the hypothesis that *behind the 'failure to discover' the vagina is a denial of its existence.*

It remains to consider the question of what importance the existence of early vaginal sensations or the 'discovery' of the vagina has for our whole conception of early feminine sexuality. Though Freud does not expressly state it, it is none the less clear that, if the vagina remains originally 'undiscovered', this is one of the strongest arguments in favour of the assumption of a biologically determined, primary penis-envy in little girls or of their original phallic organization. For, if no vaginal sensations or cravings existed, but the whole libido were concentrated on the clitoris, phallically conceived of, then and then only could we understand how little girls, for want of any specific source of pleasure of their own or of any specific feminine wishes, must be driven to concentrate their whole attention on the clitoris, to compare it with the boy's penis and then, since they are in fact at a disadvantage in this comparison, to feel themselves definitely slighted.[13] If on the other hand, as I conjecture, a little girl experiences from the very beginning vaginal sensations and the corresponding impulses, she must from the outset have a lively sense of this specific character of her own sexual rôle, and a primary penis-envy of the strength postulated by Freud would be hard to account for.

---

[13] Helene Deutsch arrives at this basis for penis-envy by a process of logical argument. Cf. Deutsch: 'The Significance of Masochism in the Mental Life of Women', this JOURNAL, 1930, Vol. XI.

In this paper I have showed that the hypothesis of a primary phallic sexuality carries with it momentous consequences for our whole conception of feminine sexuality. If we assume that there is a specifically feminine, primary, vaginal sexuality the former hypothesis, if not altogether excluded, is at least so drastically restricted that those consequences become quite problematical.

THE QUESTION OF PROGNOSIS IN NARCISSISTIC NEUROSES AND PSYCHOSES[1]

BY

L. PIERCE CLARK

NEW YORK

One of the criticisms of psycho-analysis is that it rarely can offer beforehand a reasonable judgement as to the possibilities of treatment. The very nature of the psycho-analytic attitude is to hold out no high hopes and to make no reassuring promises. In so far as the demand for some such assurance is part of the individual's wish for magic, there can be no doubt that a position of scientific uncertainty on the part of the analyst is sound. Nevertheless, early in the relationship we must decide for ourselves whether or not the patient is suitable for analysis, whether or not he has the capacity to gain from it, and how much advance is possible.

Formerly an individual was considered accessible to analysis if he was capable of maintaining an object-libidinal relationship with the analyst. The transference-neuroses, therefore, were open to influence by analysis; the narcissistic neuroses were regarded as inaccessible. Further investigations, however, have indicated that some degree of therapeutic progress is possible even in the narcissistic neuroses; and it is no longer wise to exclude them categorically from treatment by psycho-analysis. Since the narcissist cannot meet the requirements of the older methods of treatment, some modification in the analytic technique is necessary. Before considering the problem of prognosis, therefore, we must outline the details of the newer form of approach to the narcissistic neuroses.

First, there must be a giving of libido to the narcissistic patient. It is recognized that the narcissist's ego is weak, that he needs love and expects to get it by divine right, that he wishes to give little or nothing to the object-world. Moreover, this type of patient very rarely feels the need of treatment in the first place. To him his own narcissistic system is quite satisfactory; any difficulties he has had seem to have originated in the outer world, and his disease appears at most simply a mysterious affliction. For the most part he assumes no responsibility towards the treatment. In his fear and self-protectiveness, he enters the analytic situation with a resistance such as has characterized his attitude towards reality from his first contact with life in the outer world.

[1] Read before the New York Psychiatric Society, May 4, 1932.

The analyst adjusts himself to these conditions rather than hold to the more detached position of the analyst in ordinary transference-analysis. In both types of analysis it is hoped to establish a parent-child relationship; but in the narcissistic case it is the parent-child relationship of the pre-Œdipus period—a maternal, protective attachment. Even when the analyst is a man and stands in the rôle of father, his part is that of the kindly father of that early period where father is merely a more powerful mother. Protectiveness and benevolence are his chief characteristics rather than masterfulness or disciplinary attitudes. Since the narcissist is predominantly concerned with maintaining a feeling of intactness in his ego, the analyst does not attempt to pierce the protective armour. Rather, by giving libido he strives to win the patient's confidence and thus be accepted within the narcissistic system.

The giving of libido is accomplished by a direct and active interest in the patient himself. It is a process wherein the analyst 'goes toward' the narcissist, conforming to his wishes, encouraging, but at first expecting nothing in return. An identification is made in which the subject may be mainly passive; the analyst, like the mother in very earliest life, becomes a part of the patient's ego. Whatever the patient says or does receives sympathetic understanding, and frequently may be enthusiastically supported. Even if he is wrong he has a staunch friend, apart from the rest of the world and in harmony with himself. It is inaccurate to say that the analyst accepts the patient's neurotic attitude towards reality; he merely does not question it, but gives assurance to the ego as a whole. This stage of the transference might be termed that of primary identification, with the analyst as a 'perfect mother'.

All that is asked of the patient is that he talk about himself. The analyst, while recognizing many of the immediate resistances, makes no attempt to force any issue. Instead, he increases his friendly acceptance of whatever inclinations the patient has; but he constantly encourages the latter to talk, by such libido-giving assurances as: 'This hour is all yours, for your purposes, and for you to talk about anything you wish'. Here may lie the only deviation from the completely narcissistic relationship with the mother, for there is now something asked of the patient. Even here the situation is still so utterly narcissistic and free from objective demands that it rarely seems a task. The narcissist often uses it to support his characteristic attitudes toward the outer world and to justify the need for having

someone to apply the remedy. In general, free associations do not arise in this first stage of the transference, and the subject-matter is mainly concerned with efforts to mould reality to conform with the narcissistic pattern. The analyst does take sides with the patient—but with the point of view that, hand in hand, they are both going to investigate the seemingly critical attitudes of environment. For the time being there is the probability that a bond of friendly co-operation may be established, so long as little is required of the narcissist.

Where fear and narcissistic aloofness block even this degree of contact it remains for the analyst to assume more of the burden. He must constantly shew himself as a person not to be feared, a human being with a warmth of understanding for all possible inclinations and weaknesses. It may at first be necessary for him to do most of the talking, not only to establish himself as one who is not over-critical, but also to provide an impetus for the flow of conversation. He talks in such a way as to encourage the patient to join in. A friendly inquiry into whatever material the patient first presents may often be sufficient. Spontaneity and freedom are long in developing, but usually some form of ideas are soon expressed by the patient and the analyst may enter into them as much as is necessary. His manner, however, can rarely be any more purposive than that which the patient has exhibited; there are no interpretations and no more directing than a casual ' wondering why ' about the feelings that are mentioned. That which urges the patient to talk may be his own desire to get well and the feeling that this easy process has something to do with it. More probably, not until he begins to see something in the analyst which corresponds to an inner ideal of the perfect parent does the material become more spontaneous.

It must be remembered that in his emotional development the narcissist has formed a strong transference to the ideal parent and has introjected this pattern to form an ego-ideal. The analyst must identify himself with this ego-ideal if any friendly relationship with the patient is to be established. But in doing so he must at first be even more benevolent, even less demanding of the ego, than the already-present ideal is inclined to be. Only thus may he gain acceptance as a new element within the narcissistic system.

Once a ' talking-relationship ' has been established and some form of attachment to the analyst set up, one may say that there is a transference. A break has been made in the primary narcissism of the

patient and the analyst accepted as an identified object, a tender mother. It may be the function of this object merely to listen and support the ego by constantly giving libido ; but the relationship is a special one into which the patient now enters freely. Although the attachment is still narcissistic the patient's projection towards the analytic situation involves more and more of the secondary narcissism. That is, in meeting his appointments and in talking as requested, he is giving something into the relationship. For the sake of the analyst's approval he may gradually come to speak more freely and to offer a wider range of subjective material. The problem becomes one of further strengthening this element of secondary narcissism in the transference, with the hope that the analyst will be regarded, not as a complete attachment to the patient's ego, but as an object requiring some slight projection of libido if a narcissistic reward is to be gained. Obviously, this corresponds to that period of infantile development where the mother is gradually recognized as part of the external world, but as a part from which great libidinal return may be had in response to a minimum of effort.

The analyst, therefore, is still maternal and protective, but he now has a slightly stronger emotional leverage to work with. He may encourage the feeling that analyst and patient are making a mutual investigation, not merely of the attitudes of environment but also of the difficulties of the patient in adjusting happily. Extreme care is taken to avoid any implied criticism. It may be more or less of a discussion about why people feel and act in certain ways, thus maintaining a protecting generality for whatever tendencies the patient has mentioned. The material upon which to base this investigation, however, must be drawn mainly from the narcissist's own experiences and feelings. The analyst begins to wonder more about these and ceases to be satisfied with summaries or brief labels. He inquires further into subjective feelings, encouraging a mental re-experiencing of the given incident and a full expression of the affect connected with it. Frequently the material must be drawn out by questions, if not from the start, at least in getting a more complete elaboration of the content. Naturally these questions are kept at a minimum, but they are usually necessary to sustain the flow of associations. No interpretations are given and direct inquiry into the patient's childhood history is avoided. It is hoped, of course, that eventually the patient will recall experiences of early life and recognize their connection with later reactions ; but progress in this direction must come spontaneously out of the gradually

widened range of associations. The analyst merely helps by questions such as, ' Have you ever felt this way at any other time ? '

It may be that only analogies are gained in this manner, or consciously evolved connections rather than real associations. Resistance may take the form of a too-eager wish to please the analyst, to find connections quickly and thus gain the satisfaction derived from his implied approval. In other words, the narcissistic element in the transference may remain too rigid for an actual experiencing of associations. The analyst will recognize the superficial or even the artificial quality of the associations, but he still cannot risk an interpretation of it. In general such circumstances can be met only by continued and constant libido-giving. Possibly the analysis may be led into a recognition of the fear of the analyst, and additional assurances given to overcome it. Indirectly at least the analyst must shew further that he is a helpful, supporting agent rather than a threatening object. Slowly he may strengthen the transference by rewarding with some form of commendation any effort the patient makes towards meeting the issue.

When real associations are given the analyst may wonder what the general trend indicates. He begins to give libido, not in a general way towards the patient as a whole, but specifically into the process of ' understanding one's self '. It might be said that the narcissist's attitude towards the analyst has passed through two infantile stages : the expectation of love by divine right, and the reception of love through identification. Now he receives a love given conditionally, dependent on his making an effort to gain insight into his own personality. Whatever the patient gives towards an attempt at understanding and interpreting his actual material is rewarded by approval and encouragement. Frequently, when the associations have seemed particularly relevant, the analyst may suggest the possible significance of the trend. The associations which follow are, as usual, to be taken as an index to the patient's real attitude towards the interpretation. Verbal acceptance is not to be the goal, but an actual insight. Hence it may be considered of far more value to encounter resistance and work through it than to convince the patient quickly of the truth of a given interpretation. More and more the analyst confines himself to pointing out the resistances and to lending an occasional assurance ; more and more he separates himself from the patient and allows the latter to grope for understanding through his own experiencing.

In fact, once a strong narcissistic transference is established, the

procedure is very similar to that followed in the analysis of transference-neuroses. There is, of course, only a faint thread of object-libido available, but the main motivating force for sincere effort is supplied by the patient's narcissistic libido *directed upon an object.* Free associations are sought for, resistance is exposed and analysed, and the transference situation itself is continually subjected to analysis. It is hoped to establish an insight into the nature of the early fixations, into the narcissistic quality of the transference, its roots in the mother-child relationship and its tendency for complete dependence. In proportion to the gaining of a genuine self-knowledge the ego becomes more capable of sustaining itself separately. The transference is still supporting, but the patient contributes a greater and greater amount of objectivity into it. As this objective trend develops more strongly the Œdipus situation is analysed and the projections towards the analyst are more fully understood by the patient. Ultimately the ideal goal of treatment is to resolve the Œdipus complex and to enable the individual to direct his free energy into a wider range of objective discharge.

The harsh super-ego of the narcissist must also be dealt with. The very weakness of his ego requires this powerful support and at the same time must accept this stern censorship. Thus not only is the resistance amplified by severe repressions and dependence on parental attitudes, but of course the patient's whole personality is inhibited in its chance for free development. His inability to maintain a real aggressiveness constantly allows the super-ego to take over the drive of the destructive impulses and to use their violence in further punishing restrictions against the ego. The analyst, in partially taking the rôle of parent, may dilute the severity of this critical super-ego. He may especially support the ego in its effort to experience for itself and to establish its own acceptance of a standard of living. What is to be sought for always is a chance for the ego to take its own stand. A questioning and investigating of parental dictates is to be encouraged, rather than the cringing (but really unfriendly) acceptance which characterizes the narcissist.

On the whole the main important difference from ordinary analysis arises from the fact that in the narcissistic neuroses there is an over-emphasis of the libidinal needs of the ego. This affects not only the relationship to the analyst but also the content of the analysis itself. It necessitates such modifications of the early stages of the transference as have been mentioned; and it further influences the later stages by

repeatedly requiring additional supports. Our use of the term ' stages ' must not imply that there are sharply separated periods in the analysis. At any time, the narcissist's ego may come upon certain painful personal revelations it cannot allow itself to embrace. There may be a return to earlier attitudes of aloofness and resistance, necessitating new modifications in the analyst's technique or continued infusions of his initial maternal attitude towards the patient. Moreover, in the content of the associations, the weakness of the ego is not easily brought to light but is hidden behind supports and defences. Dependent relationships are rationalized so that they appear natural and right. Protective barriers of narcissism are raised to screen from consciousness the experiencing of *fears* or *needs*. To the patient the environment seems totally hostile and unfair; his own sadistic unfriendliness or masochistic withdrawal covers from view the infantile yearnings and the incomplete development which are characteristic of him. Free associations are constantly inhibited by these special protective needs of the narcissist.

Aloof, defensive attitudes are outstandingly dominant in the narcissistic neuroses; they constitute the major difficulties in the problem of therapy. At every point the analyst must be ready to relax the ordinary disciplines of his technique whenever the burden on the patient seems too heavy. He must see in the resistance an indication that further effort must be made towards strengthening the transference and reducing the patient's fear. His art then consists of supplying just the proper amount of assurance—without, by over-protectiveness, denying the patient a chance to face the real issues.

It can be seen, therefore, that the outcome of treatment depends greatly on the analyst's ability intuitively to adapt his technique to the special needs of the narcissist. Nevertheless, there is still the problem of judging which patients are most capable of meeting the requirements of this modified technique. What elements in the personality may be noted beforehand to indicate the probability that this treatment can be carried out? Obviously a prognosis must be estimated to a great extent in reference to this special question. Later we may consider the more general factors.

As we have seen, the first need of the treatment is that the patient shall be capable of accepting the analyst within his own narcissistic system. He must be able to form a passive identification, to include the analyst in the structure of his ego-ideal. There must already have been some slight modification of the primary narcissism, therefore, so

that aloofness and self-sufficiency will not be total but will allow a degree of contact with another person. The attachment is on the plane of that earliest infantile relationship with the mother, but it indicates that the ego is willing to receive overtures from the outer world—so long as they conform to inner needs. When the individual's past history shews that he has reached this stage of emotional development and is still ready, even passively, to drink in (oral libido) what he needs from reality, then one may say that there is some possibility of his tolerating the modified technique of analysis.

Theoretically, if the primary narcissism has thus been even slightly loosened, the analyst might be able skilfully to induce the patient to continue towards further development. The prognosis is not at all favourable, however, unless there has also been some formation of secondary narcissism. The more indications there are that the individual is willing to project his libido outward in order actively to gain what he seeks in the way of love or self-assurances, the more probable it is that he will be capable of meeting the second stage of analysis. Thus to form our preliminary judgement, we should look not only for potentialities on the part of the narcissist for contact with people, but also for capacities to earn satisfactions through special effort. His experiences (before treatment) may seem to have been characteristically for the purpose of winning support for the ego or of enlarging its sense of importance ; but if there was an actual expenditure of emotional energy in striving for it, we may recognize the secondary narcissism. The degree to which this trend has appeared in his everyday activities will indicate the amount available for his participation in analysis for the sake of deserving the analyst's approval. Thus the more favourable cases are those where there is evidence that libido, although conditioned by narcissistic needs, has been and is still being directed towards objects. At the same time the less these projections have been conditioned by the need for reward to the ego the more hopeful the prognosis may be.

These estimates pertain especially to the patient's probable capacity for forming a transference to the analyst ; the more object-love is given towards the analysis the better chance there is for a sound relationship and a progressive improvement. Another basis for prognosis is concerned with the ego itself. Its ability to face the issues, to fight them out in analysis, and to ' work through ' real experiences is important for the eventual acquirement of insight. As we have seen, a too docile and cringing ego is a handicap in so far as it submits

to, without testing, the attitudes of the analyst and other parental substitutes. In gaining our first impressions of the patient, therefore, we must be aware that the extent to which he has questioned the dictates of parents, teachers, companions, has not taken them for granted but has sought to be convinced, etc., will be a measure of the ego's strength for ultimately attaining self-knowledge through analysis. In other words the stronger the ego is to begin with, the more suited it is for meeting the requirements of the special form of treatment.

But in general, how shall we estimate a patient's capacity *to gain* from psycho-analytic therapy, once he has shewn himself adapted to its requirements? Psycho-analytically, we may look upon the narcissistic neuroses from three points of view. First, we may regard the neurosis as indicating that a barrier has arisen so that narcissistic gratification is impossible in reality, to the degree which the individual requires. The symptoms, then, would represent a substitute-gratification of narcissistic libido. Our second point of view is that emotional energy in general has not been discharged into the usual life-activities, but has been impounded within the ego; excessive tension has been created, and the neurosis is necessary for its release. Third, the neurosis may be viewed as a flight or a regression from higher levels of development to a more infantile plane where impulses may be gratified in disguised form by means of the symptom-formation. The aim of treatment must be to remove the barriers which make impossible the required release of energy; to encourage the socialized use of the tendencies already present; and to re-invoke developmental trends so that the cruder impulses will be modified into such as can be more acceptably discharged in reality. For our prognosis, we must decide what factors point to the greater probability of these aims being realized.

Clearly the barriers which block emotional discharge, either narcissistic or otherwise, are to be found: (1) in the outer world; (2) in the individual ego and super-ego; and (3) in the nature of the impulses themselves. On the first, psycho-analysis can have little influence—except to favour, passively, the environment in which the patient functions most happily. Within the individual himself, we attempt to strengthen the ego so that fears and timidity will have less tendency to inhibit satisfactory living. As for the super-ego, by 'reducing' it we usually mean softening its harsh hostility and its categorical restraints. It becomes a more kindly guide for conduct, and is more definitely accepted by the ego as part of itself. Yet we know that, in the end, a weak ego *requires* a powerful and despotic

super-ego ; that the ego must be strong in order to maintain a friendly super-ego. Therefore the main goal of treatment must be to strengthen the ego. Just what is implied in this ?

If we regard the ego as having two tasks, that of managing the instinctual forces and that of mastering or adapting to reality, its strength may be measured by the manner in which it carries out these functions. Apparently that ego is strongest which succeeds in both of these directions. It answers the Id by directing the impulses outward into the real world ; it represses undesirable tendencies but, by fusions of instinct and by sublimations, it reprojects the instinctual energy outward ; and finally, in using the impulsive energy it masters or adjusts to reality at the same time. We may say that such ability comes to the ego partly from its inheritance and partly from its experiences. In general, analytic treatment is to be regarded as offering the individual continued experiencing, by means of which the ego may gain strength.

Our problem is to find a way in which the analyst may decide beforehand to what extent the patient's ego is capable of experiencing and gaining strength. Possibly a vague estimate could be made, from a judgement of the ego-fibre in the family stock—but obviously this phase of heredity is little understood at present and offers no satisfactory definiteness for prognosis. Whatever factors there are to help the initial judgement must be seen in the individual patient, from an estimate of his ego in its usual functioning. For this we might set up two determinants : (1) the capacity of the ego to carry out its appointed tasks ; and (2) the flexibility of the ego in meeting unusual situations, losses and frustrations. A test of the first factor would be implied in the question : To what extent does the ego master the instinctual energy by directing it into contacts with the outer world ? As to ' flexibility ', what we really mean is : How readily does the ego give up an original path of discharge for the instincts if an external barrier makes its continuance impossible or impracticable ? To what extent is it capable of redirecting the energy into new or different channels of contact with the outer world ?

Yet it must now be obvious that no differentiation can be made between various individuals on the mere factual basis of ' contact with the outer world '—except in psychotics. We may sense the tendencies towards a psychosis by recognizing the extent to which impulses are gratified apart from the external world, but this factor alone cannot help us in differentiating between various degrees of narcissistic

neurosis. Some difference in the *quality* of contact must be recognized. The decisive question must be not only, *how much* does the ego direct the instinctual energies into contacts with the outer world ; but also, *what kinds* of contact does it maintain ?

The usefulness of the latter question depends on our determining what sorts of contact indicate strength within the ego. In general we usually consider ' strong ' anything which does not require support from outside of itself. Applying this to the ego, we may say : An ego is strong to the extent that it maintains contacts with the outer world and to the degree in which these contacts are free from needs for support. In other words, the strength of the ego may be judged from the proportion of objectivity it maintains, as compared to the narcissistic return, in contacts with reality. Its future capacity for experiencing and gaining strength might be estimated from the present trends of object-cathexis which it maintains.

The flexibility of the ego in meeting unusual situations or blockings in the discharge of instinctual energy may be a second determinant of its strength. We should say the ego is flexible if, under trying conditions, it does not tend to withdraw from contact with the outer world, but redirects the emotional drive towards new objects ; or, if it does withdraw, that the return to renewed interests is comparatively prompt. That is, if aggressiveness is blocked, it does not recoil completely into masochism or in timidity and aloofness, but resumes its drive, either against the same object or against new ones. And if libidinal satisfactions are interfered with, there are not regressions but a continuance or redirection of libido-cathexes along similar paths of objectivity.

If the ego, meeting with unusual difficulties in the object-world, regresses to a condition of dependence and narcissistic absorption, one concludes that it had not attained sufficient strength to meet the situation. An ego-regression implies an increased need for narcissistic support, and if a neurosis results one may view it as resulting from a blocking of the needed satisfactions. Thus we may say again that the weakness of the ego is an important determinant in the formation of a neurosis ; and its capacity for *gaining* strength and flexibility, through experience, is one of the elements upon which we may base a prognosis. Apparently our estimate of this quality in the ego depends on noting the individual's ability to maintain an independent objectivity, both in dealing with his usual living-activities and in meeting extraordinary situations.

Another important factor in the narcissistic neuroses lies within the quality of the impulses themselves. In narcissistic patients one sees fixations at various levels of instinctual development. According to our view, however, these fixations do not, in themselves, impound tension, nor cause the neurosis. It is only when barriers are placed in the way, when the instincts represented in the fixation are not given complete satisfaction, that there can result tension and symptoms. Since the fixation at narcissistic levels is the dominant one in the cases we are discussing, we may consider it as an illustration. The narcissism does not cause the neurosis; it is the impossibility of full gratification of narcissistic desires in reality. Perhaps the impulse itself is too crude to be acceptable in socialized relationships; the narcissism, for instance, may centre too rigidly on a phase of omnipotence which is impossible of real attainment. In general, then, therapy would strive to allow the patient to re-experience the early levels of development and ' live through ' them again; to gain strength in the ego so that less narcissistic protection would be needed. It would be hoped that new levels of emotional development would be attained, or that, by modifications, new uses could be found for the narcissistic libido. Prognosis would depend upon the presence of factors favouring these hopes.

Renewed emotional development is greatly influenced by the ego's capacity for continued experiencing. Hence what we have already said regarding the strength of the ego applies here; and the ability to project object-libido would be one determinant for our preliminary estimate of the patient. Moreover, the *use* of impulsive trends already present implies that they are discharged into the outer world. Oral, anal, or narcissistic libido, etc., would be projected into real activities. For this to be possible there must be some degree of merging with object-libido; that is, the activity might still be narcissistic, for example, but it would contain some slight objectivity to draw the cruder components towards external discharge. Again, therefore, any evidence of an objective trend in the patient's emotional life would justify a more optimistic prognosis.

In considering the modified treatment, the patient's capacity to meet it, and his potentiality for gaining from it, we have obviously mentioned only a few of the more characteristic factors. But outstanding among these we have found *objectivity* as an all-important quality. To note the degree of this trend in an individual is to obtain some indication of his suitability for analytic therapy, some suggestion

of his ego's power for progressive improvement, and some evidence of his ability eventually to release emotional energy into more healthful channels. The question is, how may one distinguish real objectivity and how measure its quantity and quality ?

In the first place it is obvious that ' contact with the outer world ' is not necessarily synonymous with objectivity. Of course the mere fact that an individual walks, talks with people, and engages in various activities in the environment, indicates at least a slight degree of object-cathexis. Even though these serve as narcissistic and auto-erotic gratifications, the fact that some step has been taken away from aloofness and self-absorption suggests that some libido goes towards the object. Nevertheless this phase of the relationship may be overwhelmingly dominated by the narcissistic and auto-erotic elements. We know that idealization is often mistaken for sublimation. The general trend and purpose of the activity may be to enlarge the self-love or to satisfy physical erotism. Indeed, in homo-erotic attachments and in relationships with mother-surrogates, the object towards which libido is projected may actually represent a phase of the subject's own ego. There is a ' oneness '—not in the sense of the lover who feels it as a result of libidinally giving himself to the object ; but in the sense of the narcissist whose ego envelops or is enveloped by the object. Thus in making our observations of a given activity or relationship it is not enough to see the pure facts ; we must discern, behind them, the aims and motives which are being served by the experience.

Since ' aims ' and ' motives ' are of a subjective nature, it may be impossible for us ever to gauge them accurately from an objective standpoint. Only the individual himself can tell us what his actions mean, emotionally ; and we are assuming that our study of him takes place very early in the treatment—before the patient himself can understand his own feelings and before the associations have given the analyst definite insight. Is it possible to draw tentative conclusions from the purely factual data, as given in a few initial interviews or as observed in the patient's daily life ? For example, psycho-analysis, deriving its knowledge from the free associations of a large number of patients, has established tentatively the latent meaning behind many symbols in manifest dream-formations. These interpretations are not rigidly applicable to every instance, and are always subject to confirmation by actual analysis ; yet they are generally found to be true, and they often serve for a preliminary estimate of the emotional

situation within the patient. Can the same be done in estimating, from the manifest *actions* of an individual, what latent meaning lies in them, what degree of objectivity is being expressed ?

We need to keep in mind what characterizes an exteriorizing of object-libido. There is a giving of interest and effort to the object without the expectation of a return. There is a satisfaction in the doing, quite apart from auto-erotic pleasure or the narcissism of accomplishment. It is something by which only the object gains in any substantial way ; and the object itself is distinctly separate from the subject, is something he must go towards, something outside himself—beyond the ordinary control of the ego. Clearly no one ever attains complete objectivity in any particular activity or relationship. What we are estimating, then, is a component, a partial quality, not an absolute or independent factor.

Wherever there is a sado-masochistic reaction to the failure to gain a return it clearly indicates the narcissistic element in the projection. The degree of sado-masochism would be a measure of the need for return, and hence an indication of the low level of objectivity. The expectation of praise, of reward, approval, encouragement, etc., would be a sign that the object is not to be the only gainer in the relationship. A failure to co-operate with others, to take directions and alter one's methods, would suggest that satisfaction lies in something else than the process of doing. Resentment and discouragement from lack of tangible accomplishment would imply narcissistic need. Refusal to make any efforts until promised a reward, would indicate an even greater need. If the object is under control of the ego, something that does not force adaptations but changes itself in response to ego-needs, or if hostility arises when the object does not behave in this magic way, then the relationship may be described as predominantly narcissistic rather than objective.

But the above estimates are negative ; they can help us little in judging the degree of objectivity which may be present. We must have something to measure against ; if not a ' norm ', then various comparisons of degree. For instance, we might say that even masturbation may contain some wraith of objectivity. It would be much less than in an adult sexual relationship ; but masturbation with a real object must contain more objectivity than masturbation with a fantasied object. Moreover, masturbation with a fantasied object would indicate a greater degree of object-cathexis than would masturbation containing no representation of an object. Thus there would

be three definite degrees of objectivity in this mainly auto-erotic and narcissistic activity.

Possibly, in a similar manner, the comparative amount of object-libido being discharged could be estimated as regards work. An unwillingness to make any step towards it at all would be the lowest stage. Next, perhaps, would be a level where the individual works only upon being given libido, in the form of encouragements and urgings of a personal, maternal sort. Close to this level of only slight objectivity would be an effort made solely upon the reception of tangible payment beforehand. Next, there would be degrees where rewards, either of approval or of material substance, were necessarily promised to come after the doing. Then, perhaps, there would be individuals who give effort, without a definite promise, but with the *hope* of a reward from the environment. A higher degree of objectivity would be implied where the person needed no external influence but was dependent upon the threats and urgings of his own ego-ideal. Probably such work would indicate a still higher level of object-cathexis if the subject required no urging beforehand but expected to merit his own self-esteem afterwards. There would be another degree of objectivity if the emphasis went into the process of doing, although still conditioned by auto-erotic pleasure in the activity. Again, the individual may need no supports except the satisfaction of an actual accomplishment. Finally, there might be the level of ' work for the work's sake ' and satisfaction regardless of the material outcome—perhaps the highest degree of object-cathexis.

Possibly another estimate of the quantity of objectivity can be gained from noting the range of interests which the individual follows. The limiting of interests to one particular kind suggests that narcissistic and auto-erotic factors are cramping the flow of object-libido. Expansion to several fields of endeavour gives the impression of a greater readiness and capacity to project towards objects. The ideal situation would be a flexibility and willingness to give thought and effort into everything having to do with living activities.

In the transference situation itself there may be early indications of the degree of object-libido. ' Narcissistic inaccessibility ' surely has different quantitative representations. The amount of libido which the analyst has to give into the situation might be a determinant of the patient's capacity for an object-relationship. The patient's willingness to follow the rules of analysis, his readiness to experience painful associations, and his co-operative attitude towards interpreta-

tions, may suggest the extent of his objectivity—although, of course, other factors also enter. The same might be said of social relationships in general, where a flexibility and friendliness in contacts may denote the comparative freedom of libido for objective purposes.

It may be easier to observe and distinguish degrees of object-cathexis in connection with the destructive impulses. Masochistic reactions would clearly indicate a lack of definite projection towards the outer world ; whereas a sadistic rebellion suggests a larger extent of objectivity. Yet even here there may be uncertainty, for a sadistic condemnation of objects is often found to represent actually a projected attack upon the subject's own ego by an over-severe super-ego. On the whole, however, we might say that a sustained aggressiveness represents a very high degree of object-cathexis, both of the death-instincts and of the erotic.

The conclusion forces itself upon us more and more, that no rigid yard-stick can be established for the measurement of objectivity. But the evaluation of this factor in the narcissistic neuroses seems as important for prognosis as the estimate of ' reality-contact ' for judging the therapeutic possibilities in a psychosis. In both instances our arbitrary standards may be unfair and our judgement warped ; nevertheless for practical purposes, some estimate must be made. Our concern must be to make this evaluation as sound as possible.

Even if we set up various degrees and levels of objectivity, how can they be accurately judged ? Much still depends on the patient's own exposition of his attitude, on how accurately and frankly he can describe his strivings and motives. Moreover, if conclusions are to be drawn from observing the individual in daily life, the ' blind spots ' of the observer must necessarily affect the process. Actually we must recognize there is no way of avoiding the subjective, personal element ; the best we can do is to remember it in our evaluations. In the end our conclusions must represent a combination of subjective material together with the observations of some intelligent person who can be reasonably unbiased and uninvolved in the patient's conflicts. Even then the result will only be a personal estimate, but is it not better that this be made upon grounds which are consciously recognized than that it be left wholly to intuitive judgement ?

FAMILY REACTIONS DURING THE ANALYSIS OF A CASE OF OBSESSIONAL NEUROSIS[1]

BY

MARJORIE E. FRANKLIN

LONDON

The analysis of a young woman of twenty-two living in a narrowly circumscribed working-class household forced upon my notice the repercussions which a psychoneurosis and its treatment may have on the immediate surroundings, and stimulated speculation on the effects that modification of the environment may possibly have on analysis.

The patient, whom I have called Elsie Smith, lived with her father, a night porter at a club, and her mother, and was the second of three children of whom the elder son was married and the younger had died from diphtheria at eight when Elsie was eighteen. This last event had had a profound effect on her.

When she started treatment in 1927 the patient had been suffering for about two years from a variety of obsessional symptoms associated with attacks of anxiety and for about a year had been disabled from earning her living as a dressmaker. At times she nearly crossed the border into melancholia or paranoia, and at others hysterical manifestations of an anxiety or conversion type predominated.

As a child she had been subject to catarrhal affections. She developed a character of obsessional type and was particular and hyper-conscientious in her work. She was more at her ease with boy companions than girls and found them easier to understand, but she was always rather timid and no tomboy.

Her present illness preceded a contemplated marriage and caused her *fiancé* to postpone it. The onset was gradual, but she described an antecedent occasion when she was on a country walk with her *fiancé* and felt giddy. On that day her mother had not been well, and she had had scruples about leaving her.

She gradually became more nervous and worried at work and sensitive to the persecutions of a senior girl who had the same surname as herself. This girl appeared to represent her mother and her own super-ego. She sometimes identified me with her.

She grew unable to be alone and developed a fear that she would shut people in cupboards. Some fellow-workers had once in fun

[1] Read before the British Psycho-Analytical Society, February 18, 1931.

hidden in a wardrobe. There was a transitory period when she was careless of her person and untidy, in marked contrast with her earlier and still more with her later behaviour. During exacerbations there were attacks of acute anxiety ; she had occasional suicidal tendencies and would tear her clothes and scream. She had received treatment at hospitals and convalescent homes and had brought from these a concretion of fears and taboos. For example, knitting started at hospital became untouchable and rendered other articles from the same cupboard and their contacts likewise.

Since the case is being reported from the point of view of family reactions a detailed clinical or analytical description would be too lengthy, but some orientation as to symptoms is desirable.

When first seen Elsie, a rather tall, thickset girl, quiet and timid in manner, was accompanied by her mother, a frail sharp-featured little woman who assured me pathetically one day soon after that Elsie was ' all they had and such a good girl ! ' The patient could not be alone a moment and had to be continually, almost unblinkingly, watched, even indoors. The observer would be anxiously reproached if her eyes were seen to wander for a second, for if the patient were not watched she feared she would, as she expressed it, ' do wrong ', which implied injuring someone. On Sunday evenings, the *fiancé*, his sister or a girl cousin usually took her out and the mother was free for housework, but except for this Mrs. Smith was practically single-handed in her attendance on the patient. Elsie could not go out at all unless both her hands were held for the whole time she was out. I was able to observe the elaborate manœuvres of the mother, on leaving, to open the Clinic door without letting go the patient's hands or letting the patient come in contact with the door. The mother was not free even at night, for to be safe from doing harm Elsie slept in her mother's bed, thus separating her parents even more effectively than her father's hours of employment did. When these fears were most severe she strained to keep awake in order to watch herself while her mother slept, but usually they both slept, and hence bed was a place of comparative licence where defences were lax and erotic sensations and phantasies occurred. It was impossible to avoid parts of the sheet that had touched one part of her body being brought into contact with another, or even her touching her own face, hair and genitals. For these reasons the bed was regarded as a source of contamination to anything that touched it, which thus became ' beddy ' and infective. Similar terms, such as ' doory ' and

' facey ', were used to describe things that became infective through contact with a source of contamination. Dressing was a lengthy process involving much ceremony. The defence mechanism of repeated hand-washing at one time played a prominent part in the picture and was particularly distressing when they lived in a flat without a convenient water supply. In addition to her own washing, her mother was compelled, before it could be considered to have been purified, to wash any article, such as the patient's clothing, that was contaminated by contact. Water and breath were the means of purification in favour.

When she came to the Clinic her outdoor clothes were laid separately on the table so that one garment did not touch another. She walked rigidly and lay on her back, not looking about her, and holding her hands together lest they do some mischief.

The prohibition of unlike contacts and its sexual significance was further illustrated by her permitting her *fiancé* to kiss her only on the lips, ' like to like ' and carefully, to avoid unhomogeneous contact.

There were two main obsessional fears. The most prominent at first was that she had or would throw someone, usually a child, into a hole or out of the window, shut them in a cupboard, and so on. If she passed a child or group of children she looked back to assure herself it was still there, while drains, empty houses, coal-holes, etc., were terrifying objects to see, since she might have thrown someone into them. If anything of this kind were passed hurriedly in a tram she would scan headlines for days to see if a murder were reported for which she would be responsible. She explained that her real dread was of the anticipated hanging or imprisonment. She went over aloud details of a journey to account safely for every step and expected her companion to check the accuracy of the account.

The other chief group of fears, which gained ascendency when the first abated, centred in the idea, which sometimes amounted almost to a delusion, that she herself was ' poisonous ' and the source of contamination, particularly through the medium of food. She must avoid touching food others were to eat or even their plates or utensils. She was tormented by the fear that she could carry poison from or to what she handled or saw (sight and touch were nearly synonymous) especially in relation to mammary or urinary symbols such as taps, bottles, or the milk (which was delivered early, while she was still ' beddy '). When she tried to imagine who would be poisoned her

associations usually led to some female figure, but she was unable to be more definite. The poison was supposed to cause swelling and to poison signified to impregnate as well as being a cause of death.

Lavatories were especially perilous places for this patient and she had to be chaperoned while she remained in them ; for here were pipes and taps to touch and, as she said, ' It almost seems as if I can produce a baby from nowhere and throw it down the drain '. She had mild persecutory ideas which involved a former neighour, Mr. W., who was a father imago, and the girl previously mentioned. There were other fears besides those enumerated, for example, of nurses, hospitals, chemist's bottles.

The short sketch I have given of the case reflects perhaps some of the features which the actual analysis shewed to be prominent. This unfolded, among other things, her strong oral and anal fixation, scoptophilia and a predominating interest in the womb and birth. She longed for children of her own and loved them, but had also feelings of hate and an impulse to destroy them. Most of her infrequent dreams were associated with the womb as a dreaded place where she was imprisoned or from which she was rescued, and where she might sustain or inflict injury, or be pursued by some dangerous animal or other phallic representative. The womb was also a desired haven and the goal of her infantile regression. The primal scene reconstructed from memory traces or phantasies was represented as a sadistic act.

Ambivalence dominated her emotional life. Alternations between intense hate and passionate love became painfully conscious, and her feelings of guilt sometimes overwhelming. The feeble ego was torn between strong id impulses and a primitive and cruel super-ego mainly representing the mother, and, of course, transferred to the analyst like other attributes of parents and lover.

She varied sexually between an active and passive attitude. A reversed Œdipus situation was manifest, e.g. in an occasional feeling which she described of erotism towards her mother while in bed with her, and her masculine identification was expressed among other ways in the fear of inheriting the temper of her father and grandfather or the passionate ' lust ' of the latter. She was troubled by a recurrent impulse to touch the penis of her *fiancé*, and once, when I left the room, feared both to put poison into my bag and to take something out. If her father and mother spoke affectionately together she feared a baby might be born and was jealous. Her own use of speech as a phallic

equivalent presented points of considerable interest, but to describe them here would entail too long a digression.

In contrast to her masculine attitude, identification with the mother and the direct Œdipus conflict were equally evident. She wished to be raped, to seize a child and shut it in a cupboard, and had frequent pregnancy phantasies, mostly of a terrifying and sadistic nature, in which she regarded birth as a conflict between parent and child involving the destruction of either one or the other. An identification with both parents combined in the phantasy of becoming a mother by swallowing a penis or semen, the introjected male parent becoming a dangerous object inside her which she must get rid of. Her Œdipus wishes made her consider intercourse and childbearing forbidden to her, though not wrong for her father and mother.

Her parents were not happily married, and there was little love in the home. It was Elsie's ambition to outdo her mother by founding an ideal home that would embody love and happiness. She often complained that the gentler and more lovable side of her nature could not be shewn in the presence of her parents.

The father was a small anxious man, of strict morals but subject to outbreaks of violent temper. In former days Elsie had intervened to protect her mother. When describing one of these occasions she remarked to me: ' If he is like this in the day, what must it be in the bedroom when they are alone together ? ' The father had left home in his youth to escape the violent tempers of his own father. Mr. Smith lost his mother as an infant and was brought up by a step-mother who, according to Elsie (who deduced the story from hints and confirmed it by questioning her mother) was the illegitimate daughter of his parents. After the death of her mother she lived with her father as his wife and bore him two sons. Elsie's father learned of the incestuous nature of this union, it was stated, during his engagement, and his fear of being jilted in consequence was the presumed cause of a threatened nervous breakdown.

The direct association of anger with incest contributed to Elsie's choice of a lover of passive type and equable temper. She both despised and admired him for his placidity and did what she could to rouse his aggression. In the transference she would try to provoke me, yet often felt me so stern and strong that she was afraid. At other times she felt ' too strong for me ' and obliged to get weak and ill for me to cure her, as she must to ' make a man ' of Arthur, her *fiancé*. Her engagement had been entered into, it appeared, rather impulsively,

in protest against her parents who had criticized him as being ' too quiet ' for her. She had had other boy friends who seemed to have been of a more aggressive type. Arthur had courted her for a long time. When he was accepted his mother had lately died and Elsie's feelings for him were partly maternal. Physical love had not yet been consciously aroused and only became strong during analysis, when it added the symptoms of actual neurosis to her other difficulties.

Elsie's attitude to her father was on the whole friendly and understanding, though not intimate. There was combined with this a latent rivalry and hostility which gave rise to disguised death wishes. She was in great fear of what she felt to be his enormous strength, especially in anger. Actually he was something of a weakling and unimpressive in appearance. Elsie realized this too, especially in comparison with a man of military bearing, like the alarming neighbour, Mr. W. She was rather contemptuous in speaking to me of what she felt to be an excessive reaction on her father's part to the discovery of the incestuous family relationship, saying that it was as bad for his brothers and worse for his stepbrothers. But when her father's anger was directed against her she was helpless from fear, in contrast to her boasted prowess in defending her mother from him. Her separation of the parents from each other has been mentioned, but she was also careful to make way for her mother if her father shewed his daughter attention. She transferred some of her affectionate feelings from the father to various uncles, and her dread to the terrible grandfather, whom she had never seen and who was dead. Her father seemed fond of her, but unwilling to regard her as an adult. He seems to have been less severe with her as a child than with her elder brother, and here, too, Elsie played the rôle of defender.

When Elsie was twelve her father had an attack of mania, of short duration, after seeing a bomb drop on his son's place of work. During the attack he threatened to throw his wife out of the window. This theme recurred in Elsie's phobias and recalls her earlier remark before her brother's birth that if there were a new baby she would throw it out of the window. We are reminded of Freud's paper on Goethe's *Dichtung und Wahrheit*. The dread that they might drive their father out of his mind acted as a restraining influence on Elsie and her elder brother.

Directly after this occurrence Elsie, who was twelve, started to menstruate. She attributed the early catamenia to the shock of her father's condition. She developed exophthalmic goitre at about the

same time. At eighteen, soon after the death of—to use her own words—her idolized younger brother, she attended hospital for a vaginal discharge. The examination and blunt questioning shocked her and were felt as a castration, besides rousing her sexually for the first time to her conscious knowledge, although she was already engaged. Her brother's death had also been felt as a castration, for after her early jealousy she had adopted him as her child and had shewn him devoted affection, extending to him the strict sphincter discipline to which she herself had been subjected in childhood. In becoming her baby he became part of herself. A somewhat similar identification had existed, I think, with her elder brother and had been transferred (perhaps from the younger brother) to Arthur, with whom, even in her most hostile moods, when she would return her engagement ring, she felt herself to be closely knit. As has been mentioned, she was tempted to touch her *fiancé's* penis, and in her later and happier phantasies this part of him became their baby.

Mrs. Smith was a rigid little woman, whose own strict upbringing by her mother she passed on to her children. Her father's death when the grand-daughter was four years old was one of the patient's screen memories. Ferenczi has observed that ' it is very often precisely in the person of the grandfather that the grandchild for the first time approaches the problem of death, of the final ' being away ' of someone belonging to him, and the child can then displace his inimical phantasies . . . about the death of his father on to the grandfather '. In the same essay he speaks of the imago of the ' feeble grandfather ' or of the ' powerful grandfather ', and Ernest Jones, in his paper ' The Significance of the Grandfather ', discusses the transference from parent to grand-parent. In the present case the ' feeble ' grandparents were represented by the maternal grandfather, remembered as a gentle, kindly old man and the paternal grandmother (or aunt) who had been overcome by her father. She was now widowed and living as a religious penitent. The ' powerful ' grandparents were represented by the paternal grandfather, who had driven the father from home and married his own daughter, and the maternal grandmother who, in her youth, had dominated the stern mother. One of the mother's sisters had, during Elsie's analysis, an attack of melancholia, for which she was certified but discharged recovered after a short time. This helped to predispose Elsie to regard a mental hospital as a not unfriendly asylum to which she might retire.

The relationship between Elsie and her mother was very close and

mutually ambivalent. Indeed, Elsie's illness might be regarded from one point of view, as a regression to an infantile dependence on the mother which at the same time restricted the parent's liberty to an almost equal extent. The patient's feelings of love and hate for her mother were exceedingly intense. Although we cannot know exactly, there were indications that the mother's emotional reactions to the daughter were also very strong and included feelings of jealousy and guilt. A diatribe from the patient against her mother was usually followed next day by a panegyric of her virtues. She was regarded by the patient, whether as friend or foe, as essentially the provider of food and bearer of children and, above all, the maker of a ' home ', which to her meant a great deal more than housekeeper. She and, indeed, the father also, seemed to Elsie to be of immense strictness and strength, and immovably stubborn in their opinions. Her mother, she felt, could kill her by a look and she remembered the look from early childhood. As the personification of her terrifying super-ego it seemed a duty to tell everything to her mother, and she reacted to the guilt of withholding the secrets of analysis and sex by incessant chatter about her trivial activities. The reassurances of the mother were more effective than those of anyone else. It was obvious in this case that, as Melanie Klein has pointed out with many others, the parental figures who occupied the patient's mind and filled her with fear were the terrible parents of infantile phantasy and not those in actual existence. This was still so even after they became actually hostile. Perhaps the inferiority in real strength to these remembered phantasies was a reassurance.

In Elsie's home parental authority restricted activity from infancy onwards. All instinctual gratification was condemned, and displays of affection discouraged. Inwardly rebellious and passionate, she appeared amenable and was regarded as a good girl. Her illness was naturally the central fact in the household of three and enslaved the dominating mother, whose constant attention was required almost as if her daughter were an infant. By means of her illness Elsie was able to control and punish the mother (as well as punishing herself) and also to carry out a late obedience to her restrictive commands.

Analysis lasted two years, and I must ask indulgence for reporting from memory a case I have not seen for over a year. At first there was little response and long silences, but she gradually became psychically freer and the obsessional symptoms altered in character without

actually improving. After a time, however, they were, at first gradually, and later more rapidly, given up. Meanwhile her mother's assiduous attention had changed to hostility and the father too became antagonistic, though rather less markedly so. There were threats and actual violence from both parents and the patient was practically forced to leave home, although her own hostile feelings had lessened. The remaining symptoms were given up and she married a few weeks after leaving her parents. A summer holiday intervened and she decided not to have further treatment. The condition was still satisfactory four months later, but I formed the opinion that she would have benefited and been more secure for the future had analysis proceeded further. The parents and brother had not become reconciled nor forgiven her independence and marriage, although there were no logical grounds for opposition and the husband was most steady and devoted.

Every analyst has occasion to observe the interplay between the patient and his environment with their mutual irritations and efforts to find compensation. The unconscious manipulates the proclivities of others according to the predominating wish, which may be to retain the illness or to facilitate recovery. The present case did not present new features but shewed them in a less masked and subtle form than usual.

The patient and his milieu might be regarded as members of a single constellation—in the present case a distinctly neurotic constellation—the members of which react on each other and are united, as Freud describes in his book on *Group Psychology*, by the double bonds of libidinal ties and identification. If only one of a closely knit group is being analysed it is legitimate to regard the others, in respect of internal psychic organization, as comparatively stable constituents. The changes ensuing in the others, especially in their attitude to himself, may be looked upon as largely brought about by alterations in the constituent attacked—that is, the person being analysed. He is the centre and they the periphery and we know them chiefly through his eyes, though with the Smith family some direct contact could not be avoided. The father wrote, telephoned, and even called at my home with his son on a Sunday. The mother was encountered at the Clinic and once at least sought an interview on a Sunday, but as she went to my professional address failed to see me. After I refused to give interviews except in the presence of the patient at the usual hour, I saw only the mother and *fiancé*. The peripheral changes are not necessarily

improvements corresponding with that of the patient. Normally, as Melanie Klein has pointed out, the attitude of the relatives improves when the patient becomes less hostile and troublesome. Freud has described the reactions of relatives in many of his case histories, for example, in ' The Psycho-genesis of a case of Homosexuality in a Woman '. Here he writes of parents who ' expect one to cure their nervous and unruly child ' and adds : ' By a healthy child they mean one who never places his parents in difficulties, but only gives them pleasure '. In 1912 (in *Collected Papers*, Vol. II, ' Recommendation Treatment ') he alludes to the ' natural and inevitable opposition of the relatives to the treatment ', and : ' As for treatment of " relatives ", I must confess myself utterly at a loss, and I have altogether little faith in any individual treatment of them '. One wonders if, perhaps, the patient himself may not be the only person who can do it. In his *Introductory Lectures* Freud says : ' In psycho-analytical treatment the intervention of relatives is a positive danger and, moreover, one which we do not know how to deal with '. ' Anyone who knows anything of the dissentions commonly splitting up family life will not be astonished . . . that those nearest to the patient frequently shew less interest in his recovery than in keeping him as he is '. In spite of this, and of a glaring example which he gives, he recommends in the same lecture that patients should remain in their usual surroundings while being analysed.

It is understandable that relatives may be disappointed when, as the result of an analysis for which they made sacrifices, the patient gains independence. The displeasure is greater if the relatives too are neurotic and obtained vicarious masochistic and other satisfactions through their attendance on the invalid or identification with him. Deprivation of these epinosic gains is not mitigated for them by being analysed nor compensated for by the acquisition of a dutiful and complaisant relative. Moreover, jealousies are provoked by the patient's transference to the analyst and the latter's failure to enact the expected part of moral ally. Or the analysis may be disturbed by the ambivalent transference which the relatives themselves may develop towards the analyst.

Whenever individuals meet some unconscious psychical reactions occur between them. The hostility which a paranoiac projects is not entirely imaginary, for his unconscious aggressiveness arouses response, though the source and origin are still within himself. There is a real as well as a phantasied projection.

Group psychology has been studied from many angles. Freud has shewn that, whether small or large numbers are concerned, the psychology is an expansion of that of individuals and requires no special instinct to explain it. He considers the members of groups to be emotionally united by identification and libidinal ties in the service of a leader or ego-ideal. In larger groups at least, the individual is brought under conditions which allow him to throw off repressions and display his unconscious. It is not surprising, therefore, that group neuroses are common. Their symptoms include pogroms, race riots, the dancing manias reported from Germany, the bewitched communities of tradition. A classical example is the theme of the 'Bacchaie' of Euripides.

Every enduring relationship entails the existence of complementary parties. Lovers imply mistresses, leaders followers and subjects rulers. Neurotic partnerships are frequent, and some fit as harmoniously as the Jack Spratt ménage, provided neither discards the neurosis. Marriages between father and daughter imagos and similar combinations may be quite contented.

Cases of *folie à deux* are described in text-books and sometimes seen in mental hospitals. I was shewn a case of two sisters where the younger and dominant partner had fixed delusions concerning her own supposed marriage. The elder's extreme dependence had necessitated her certification also, although her comment on the delusional system was the ambiguous remark, 'if my sister says so it must be true', followed by a voluble declaration that they really were acquainted with the man.

More common are what might be termed *neuroses à deux.* An historical example is Elizabeth Barrett and her father. The dominant partner obtained gratification through the invalidism of his daughter. She discarded her illness when she substituted Browning, a man who required her to be healthy and with whom the consummation of object-love was permissible. If one recovers the other suffers, and Elizabeth was never forgiven.

In my pre-analytical practice I tried to treat a girl who had been an hysterical invalid for ten years. Her widowed mother, a vigorous working-woman of seventy, had nursed a paralysed husband and was finding a substitute in the daughter. She opposed attempts at greater activity as too tiring, so that the patient told me with tears that 'mother does not seem to want me to get well'.

A widow suffering from agoraphobia and unable to be alone was

recommended for analysis. I was told that she was psychically dependent on her son—who slept in her room, had custody of her money and affairs and enjoyed a reputation for self-sacrifice in remaining single for the sake of his ailing mother. He had frightened her by a warning not to trust her nurse lest she hypnotize her. As she dared not mention the project nor embark on it without, she did not see me.

To return to the case under discussion. It is not surprising that in the close proximity of this small family the susceptible members did not pass through the ordeal of the analysis of one of their number scatheless. Imagine what it must have been for the mother, at the height of the illness, almost single-handed, to attend to her housework and look after this frightened, talkative girl who followed her from room to room and could never be left. Besides the patient's own compulsions, she obliged her mother, it must be remembered, to observe taboos and obsessional demands, some of which, like washing clothes, greatly added to her labours, and this went on for months and years. In addition, there were emotional disturbances evoked during treatment. These were attributed to moral turpitude and ingratitude. The mother was not very perceptive and she minded outspoken words more than strongly repressed hostility masked by meekness. The strain might surely justify resentment, abandonment or breakdown, and indeed, it was not improbable that the mother's nervous stability was shaken. There was an unexplained incident when the mother was away all night. After her return she forbad questioning, but said there would be no repetition since Elsie was not worth it. The father sided with his wife, but his daughter considered this to be chiefly a matter of policy and felt him to be really more understanding. Perhaps she felt thus because she projected less hostility on to him, though she feared his anger even more than her mother's. They were, however, more accustomed to outbursts from him, and his anger did not last, whereas the mother would reiterate grievances long past.

Though one appreciates the mother's position there were features of her behaviour that are not easily explained. Considering the punctilious, even though not always uncomplaining servitude for years, one is surprised that she did not welcome more gladly such relief as abandoning of the need for holding hands which was attained fairly early, nor of the weakening of the bed phobia to the extent of Elsie's helping to make beds, and that she was not more indulgent of irritability of which she had been warned. Logic does not explain her opposition to efforts at mastering phobias, nor her antagonism to Arthur. It

seemed unreasonable, moreover, that the parents who had borne so much, threatened, apparently with serious intent, to summon the relieving officer at a time when she was obviously better. The improvement was testified to by others as well as by my own observation. These included the panel doctor and Arthur's sister, who told a third party that she was nearly well. It is interesting that until hostility was far advanced the mother did not venture to violate the obsessive demands nor refuse to bring her to the Clinic. It is possible that through identification she shared to some extent her daughter's belief in the magical potency of these defences and did not readily welcome the abandonment of them.

That increased freedom of thought and expression was well ahead of loss of symptoms was an added hardship to the puritanical and masterful parents. The mother fought to retain possession and was jealous of rivals. She boasted to me how much better she could manage the patient than, for example, Arthur, and taxed her with the intention of leaving home to get married as soon as she was well. Once in exalted mood Elsie wished to go a few yards to meet her *fiancé*. The mother interposed and locked the door. Like my other patient, Elsie asked in analysis: ' Does my mother really not want me to get better ? '

The domestic arrangements of the Smiths were most uncomfortable, and Arthur, who was better off, bought a house through a building society. Fearing she would never leave home and refusing to give her up, he moved there with the other three as lodgers, intending to continue thus after marriage. Matters were worse here, perhaps partly, as the patient suggested, because no tenants could overhear, though doubtless other reasons played a stronger part. This change of ownership was probably significant for the whole group. The parents evinced their distaste by ignoring it. They refused to concede any rights in house or garden to the young people, whose orders to workmen they countermanded, and in the garden the father made paths where Arthur wanted beds. Gardening, however, was among the first ' dirty ' occupations that Elsie ventured on. Besides a house, Arthur gave her a little dog, and affection for this ' child ' sometimes restrained her phobias. Yet the mother was irritated because the dog got in her way. It was an unhappy day for the young couple when they took it to the Battersea Dog's Home lest the parents in their growing impatience should maltreat it.

Periodically Mrs. Smith complained of the patient to her father who,

infuriated, would attempt to strike, whereupon the wife would intervene as Elsie had done formerly. Later she did not always restrain him, and there were blows from both parents. They were usually more controlled in Arthur's presence, but he felt unhappy and bewildered at the situation that confronted him, yet powerless to interfere without making matters worse, since she would not leave her parents. While Elsie agreed with his cautious attitude, she yet resented his inability to ' stick up ' for her actively, as she readily did for him. Verbal attacks were frequent and generally answered by the patient with point and vigour, except when assaults from both parents paralysed her with fear. She was called a maniac, a designation extended to me, and to the *personnel* of the Clinic generally. In contrast to former reassurances, she was told that her fears were due to wickedness. The mother often openly expressed the wish that her daughter would die and the father threatened to kill her, declaring that he would willingly hang for her. The intensity of the open hostility was more than a mere reaction to prolonged irritation, though perhaps the mother was right when she said ' your father won't really hurt you, he's too fond of you for that '. She felt tempted to submit to the reiterated threats of the asylum and have a rest. With insight into the regressive meaning of this, she finally took the bold step of leaving the parental roof with her *fiancé*, prepared to share a room till the banns were called and they could marry. Actually Arthur's widowed father and sister took them in during the interim. She was very happy here and appreciated being treated as an adult, to which she was unaccustomed. Six or eight weeks later, when they learned that the parents had vacated the house, they married and returned to it.

Elsie generally alluded to recovery as ' getting my freedom ', an idea tremendously fraught with guilt, for how could it occur while her parents were alive ? She was astonished at its extent when it came, and that she could act without reference to their views and meet them on business without anxiety, though they were excited. However, when the couple were waiting to get in (she would not marry without a proper home to go to) she demurred at Arthur's suggestion of legal measures and told me that to turn her parents out would really be like killing them. A few days later the father intimated that they had left. He gave no address and they communicated with him at his place of business. It needed courage for the patient to return to live in a house associated with so many fears, but she felt that not to do so would be equivalent to running away. On her

first call home after leaving it was noticed that she was trembling when she had merely reached the neighbourhood. Yet in spite of this she decided to take up her abode there.

Guiltlessness was proclaimed by marrying in the home church with both parents present, her father giving her away, though she declared their presence to be immaterial, and though they did not speak to her afterwards. The married brother, it may be mentioned, shared the unfriendly attitude of the parents. This was probably in order to avoid family entanglements, but Elsie bitterly resented his betrayal of their old alliance.

Before she stopped analysis the symptoms had mostly cleared up. For example, she no longer washed unduly, could handle food and make beds, and had no fear of throwing children into holes. Ambivalence had substantially abated, particularly towards her *fiancé*, and her laugh and general demeanour presented a striking contrast to the stiff, guilt-ridden girl who first came to me. In contrast to her fear of his touching or even at one time approaching her, Arthur was permitted to carry her when they were playing, and the stimulation no longer aroused guilt.

An important symptom, however, was retained. Months before, influenced by a positive transference, she had for a while with effort and discomfort, come to the Clinic alone, being met before her return. Shortly after, the interpretation of analytical data brought her womb phantasies into prominence. Increased anxiety ensued—almost a pan-phobia—and intense agarophobia (resembling psychically claustrophobia), when, as she expressed it, ' the whole world was like one big womb '. There was a protracted period of regression similar to that which she had often transitorily exhibited after the exposure of her hostility to her parents, when even her voice became more childish. Parental aggression was increasing, and it was about that time that, in an attempt to diminish it, by improving external conditions, they moved house. She ceased coming alone, and also returned to her mother's room which she had vacated. (The return to the mother's room was partly at the instigation of the mother, who declared that it was less trouble than the arrangements which her fears still demanded when she slept alone.) Further interpretation along the same lines led to progressive improvement and abatement of anxiety, but she firmly resolved not to repeat the experiment of coming alone till after marriage, which would give a sanction to it. She persisted in this resolve, Arthur, his sister or the girl cousin accompanying her when

her mother did not, though she sometimes nearly forgot and found herself separated from her companions without alarm. Negative feelings towards me, a mother imago who had caused her the previous painful experience, were doubtless largely responsible. She reported that after marriage she went alone freely and, to her great pleasure, could, even when alone, watch and talk to children playing on the common. She was alone in the house all day, did shopping, housework, and prepared meals, but felt very tired. On the first occasion she was left she had had a violent attack of vomiting.

Although there was a measure of success, early memories were scanty, and some part of the negative transference and guilt escaped solution. Transference to her analyst had helped to diminish the intolerable hostility to parents. By a comparable mechanism she escaped from the analysis of unconscious mental processes into the problems which real life presented when the existence of a resentment now less intense could be justified to herself by facts. As part of the rationalization for discontinuance it may be mentioned that she lived about one and a half hour's journey away, that the fares were a consideration, and that she had single-handed to manage a seven-roomed house, since new lodgers had not been obtained. Moreover, she was now suffering little inconvenience except from fatigue. She had broken off a little before marriage to prepare the home. This was after the parents had gone away and the date of the wedding had been fixed. She had the intention of returning later.

In a successful analysis libido is finally withdrawn from the analytical situation and flows on to the outside world. Where conditions provide a too ready medium for actual repetition of infantile situations, it is more difficult to prevent premature deflection from the transference and a flight which involves some repression and an attempt to work out psychic problems in a concrete form. Something of this kind occurred, I think, in the present case. Her parents' actual unkindness lessened the patient's guilt in leaving them and she felt that her mother's condition which she recognized to be neurotic, would be relieved by her doing so. Part of the unconscious motivation for her previous clinging had been to protect the mother from the father and herself, the patient. Her own hostility and fear of them largely subsided, and she remarked, ' my mother has not treated me right, but I can't be angry with her since it helped me to get free '.

It is unlikely that these parents would welcome psychic health and freedom in their intelligent daughter, which entailed a mental outlook

shocking to their puritanical habits. There was, too, jealousy of the analysis, while the prospects of what from their point of view was an undeserved happy marriage for the daughter who had caused them such distress, aroused rather obvious jealousy in this prematurely aged, inharmonious pair. In addition, as has been mentioned, the patient's alteration deprived the mother of those compensations which had helped her to bear her trials. The deeper causes for her threatened breakdown could be known only if she were analysed.

I am, however, of the opinion that there were still other causes external to the mother herself. Elsie was the only member of the group whose deeper psychic organization was being interfered with by analysis. I had the impression that she unconsciously provoked—perhaps by means of verbal aggression—an attitude in the others which was so apposite to her needs. She seemed to play with the environment in the way that the unconscious may engender apparent accidents. A neurotic may obtain by means of illness submission and servitude which he could not have in health, and as he emerges from a chrysalis stage may provoke his family to throw him off if he cannot bring them with him or leave them deliberately. The patient concurred in this explanation and felt she could never have got free otherwise, though she did not know how she did it. It is interesting that the initiative in postponing marriage was taken by Arthur. Elsie consciously resented this, but analysis revealed, and she accepted the view, that avoidance of marriage was one of the secondary aims of the illness. The patient impressed upon me her contention, and I think she spoke correctly, that it was only by great determination that she was able to continue treatment and compel her mother to escort her over so long a period.

The patient was faced with various alternatives:

(1) She could give up her hetero-sexual object love and Œdipus wishes towards the father and regress to infantile dependence on the mother, or to a substitute such as an asylum.

(2) She might have freed herself and left home without other help as she projected, but never succeeded in doing. A deeper analysis might have made this possible. Her intention had been to earn her living for a while either before or after marriage in order to be sure she was well.

(3) The method favoured by her omnipotent phantasies was to improve the parents to her liking. It was an advance when she became reconciled to her failure to do this.

(4) There was the course she finally adopted, as I think, of compelling her family to force freedom on her by making it impossible for her to live peacefully at home, and so finally disowning her.

Thus she gave up her symptoms, obtained freedom, threw up analysis, and ventured on her future life as a married woman—with what permanent success I am unable to say.

The patient's later sublimations were closely related to her early interests in the womb. She was mainly concerned in preparing and beautifying the home, especially by the work of her hands. Her only early sublimation, needlework, which was largely abandoned during the illness, was now resumed. Her phantasies dealt with the same subject, but were now happy and romantic instead of terrifying. She pictured herself, Arthur and their baby in a charming but not impossible cottage and the baby seemed to be a part of Arthur that remained when he was away at work.

About this time an illuminating incident occurred, comparable with that of the little dog, but associated with much greater freedom of expression. To demonstrate that, though cast off by parents and brother, she was no outlaw, she made a point of visiting other relatives. When calling with Arthur on her maternal grandmother she admired some flowers and was told that they were a present from her mother who had picked them from her garden. She controlled herself till outside, but then her anger blazed forth. It was *their* garden and the flowers *they* had planted that *they* had refrained from picking! After this, she told me, there was nothing wrong in wishing her mother dead! Indeed, she had taken their unborn children and given them to her own mother.

The case raises some general points concerning the relationship of the environment to the conduct of an analysis. There is probably agreement that past environment has considerable influence both as an original and a precipitating cause of neurosis and on the course of the disease. If, for example, Elsie's brother had not died or marriage had not been imminent, she might have remained an obsessional character without breakdown. Moreover, treatment on the conscious level is largely concerned with arranging surroundings in which the patient's tendency to produce symptoms is at a minimum.

The analytical approach, however, is different, and the usual recommendation has been for the patient to remain in his ordinary surroundings. Since in practice the question is often decided on

financial or geographical grounds it might be a matter of theoretical and practical interest to enquire to what extent the analysis is either helped or hindered by a deviation from the standard conditions. If it should be found that an analysis may be conducted away from home without serious disadvantage, there may be cases where it is preferable to incur these drawbacks rather than risk a premature ending of treatment at the will of relatives on whom the patient is dependent. If, on the other hand, external conditions are believed to have a powerful influence on analysis, it might be desirable to consider methods of invoking their aid. Regard would have to be paid to the possible effect on the transference of interference by the analyst. On *a priori* grounds I should expect the surroundings seldom to be a vital matter. A neurotic is in contact with the real world to a limited degree only. He brings his environment with him and finds imagos of his home wherever he may be and repeats early situations in transference. The patient's reaction to current situations are, admittedly, of great significance in analysis. Their interpretation, however, from the analytical standpoint, probably depends less on any causal influence they may exert than on their utilization by the patient as channels for unconscious mental processes. The unconscious can usually find in most environments some media for expression when resistances are removed.

The converse side of the interplay of personalities, what one might call the public health aspect, or the contagiousness of the disease, cannot concern the analyst at present. His task is too complex to consider more than the individual. He may feel that only the susceptible will succumb, and that they may in time also be analysed.[2]

In the case of Elsie Smith removal from home, however desirable, could not have been effected without the cessation of analytical treatment. There was no institution within their means which would have allowed analysis to continue, and those she had been to had left scars in the shape of new taboos and phobias, nor were they willing to re-admit her. To take lodgings elsewhere was not only financially impracticable but psychically impossible from the nature of the

[2] Since writing the foregoing my attention has been drawn by Dr. Eder to a report in the *Revue Française de Psychanalyse*, No. 4, 1929, p. 751, of a discussion of the Psycho-Analytical Society of Paris on ' Attitude post-analytique et réadaptation à la vie '. The report deals with cases of family neuroses and discusses the environmental problems arising therefrom, covering partly the same ground as the present paper.

malady. Even week-end visits and invitations for meals were refused. The case shewed on the whole that an analysis is possible under very adverse circumstances and that these circumstances may even be utilized by the patient as a help to recovery. They were utilized also as resistances—she would sometimes talk for days only of the actual situation—and as a means of flight. But means for resistance and flight are always available, and probably had I avoided certain technical errors and perhaps not gone for my holiday then, I might have retained her longer. The question arises whether without Arthur she would have had sufficient stimulus for recovery. One cannot know, and he was certainly helpful. I believe, however, that she would sooner or later have found some object attachment. For most of the time she was very ambivalent to him. There had been predecessors of a different type, and at one time the engagement had contributed to illness.

Too agreeable surroundings give inadequate motive for change. Freud has pointed out that a state with completely satisfied libido is unfavourable to analysis (and, one might add, unlikely to be present in someone who comes to analysis for therapeutic reasons). Some unsettling is desirable, and Ferenczi's experiments with active therapy may be remembered here. These methods, however, have the object of directly increasing libidinal tension and are hardly comparable to a completely external attempt to modify the psyche. Unduly harsh surroundings conduce to fear, hate and regression, while friendliness and understanding from those around may promote a healing transference. How far these external adjuncts, important as they are where there is no analysis, affect analytical therapy is uncertain.

Psychotics as a rule obtain more complete satisfaction from their defence mechanisms than psychoneurotics, and the ego in them may have little motive for attachment to reality. In these cases some environmental approach may pave the way for analysis in the previously inaccessible. Such are the methods used by Federn (according to a personal communication) in a few cases of dementia præcox where the patient was tempted back to reality by making it more attractive and a positive transference encouraged by the analyst becoming a real dispenser of gifts.

Difficulties entailed in analysing psychotics in institutions have been frequently described. They are undoubtedly considerable, but there are specific practical difficulties also in dealing with similar patients outside. Behaviour, for instance, is apt to assume too great importance, since its disturbance may lead to the patient's removal.

There are well-known difficulties in institutions associated with the peculiar position of the medical-officer-analyst with the needs of discipline, and the reactions of patients to one another. May not these, however, obtain cathexis from the patient's unconscious, and be vehicles of projection and transference and, as such, materials for analysis if the patient is analysable ? Behaviour here assumes a reversed importance from the fact that analysis may cease when the patient becomes able to live outside. Unless he understands that, if he choose to attend for treatment after he leaves the institution, analysis need not end when he can manage his affairs, the attempt must be severely handicapped from the beginning. He may either hide symptoms to get his liberty or retain them to continue analysis. It would seem less important should he not in fact continue, but be satisfied with an incomplete analysis, provided he have the opportunity offered and realizes that the need for incarceration and the need for analysis are not identical.

In conclusion, I would emphasize the consideration that the relevant environment is that which impinges on the psyche. A change in habitat is not necessarily reflected in the unconscious, which recreates the old surroundings and which saw the old through the veil of infantile fixations. Hence the only path to the essential and intimate environment is by analysis. When the ego is sufficiently strong to see the outer world objectively and without distortion the analyst's work is done, and the patient can be left to make the changes he requires.

To sum up : I have tried to shew from the reactions of the parents of an obsessional neurosis the disconcerting effects a nervous illness and its treatment may have on associates. I have suggested that these include those due to the stress of attending on the patient and those due to disturbance of the compensating mechanisms by which the first is combated. I have further suggested that in some cases the motive power for the behaviour of relatives may be derived from the unconscious desires of the patient either for illness or recovery. Similarly an apparently symptomless person may be the driving force causing and deriving satisfaction from the neurosis of another.

I have enquired what environmental modifications, if any, might be helpful to an analysis and how far those necessitated by practical considerations are hampering. I have finally alluded to the probability that the unconscious of the neurotic is largely immune from environmental influence unless approached by the medium of analysis.

ABSTRACTS

General

Franz Alexander. ' Psychoanalysis and Medicine.' *Mental Hygiene,* 1932, vol. XVI, p. 63.

An attempt is made to give a simple account of psycho-analysis to enable the medical man to realize in what ways this science is of interest to him. Psycho-analysis has ' developed a consistent and empirically founded theory of the personality suitable to serve as a basis for the understanding and treatment of mental disturbances ', and has given a ' concrete content to the philosophic postulate which considers living beings as psychobiologic entities by investigating in detail the interrelation of physiologic and psychologic processes . . .'.

It is important, the author holds, ' for physicians to hear about the scientific nature and methodology of psycho-analysis, if they desire to become orientated towards this young science. . . . If the method is sound, in time the results also must become sound and acceptable '.

The words ' if they desire to become orientated ', etc., in reference to the attitude of physicians, seem tos how a special attitude towards resistance which is also reflected in the author's brief description of psycho-analysis. In this description resistance is not mentioned, but is implied in the concepts ' therapeutic situation ' (which is presumed to embody an interest in the investigation by a patient who is sick, because he is sick) and ' didactic analysis ' (which, again, presupposes an interest in the investigation, this time by a sound person, because he wishes to become an analyst).

D. W. Winnicott.

*

Bernard Hart. ' Psychology and Psychiatry.' (Reprinted from the *Proc. of the Roy. Soc. Med.*) *Mental Hygiene,* 1932, vol. XVI, p. 177.

A comprehensive survey of the relations between psychology and psychiatry. Freud is cited as the first to furnish causal psychological explanations of psychotic phenomena. ' The formulations of the psychoanalyst do enable us to interpret in psychological terms the conditions with which the psychiatrist has to deal.' The differing causal explanations of Jung and Adler also achieve some measure of success. Psychological attack has adhered strictly to the methods of science. It is open to doubt whether mechanistic scientific method will prove adequate to explain mental phenomena. The time for comprehensive generalization is still distant. At present we cannot afford to neglect any line of approach, physiological or psychological, which throws light on any facet of the complex problem of psychiatry.

M. Brierley.

Anon. 'Psychology of Delinquency.' *British Medical Journal*, October 29th, 1932, p. 801.

A leading article on Dr. Pailthorpe's report 'Studies in the Psychology of Delinquency', issued by the Medical Research Council. The article is sympathetic, but calls attention to the restricted nature of the case material as a basis for generalization and the greater stress which might be laid on environmental factors in the aetiology of delinquency. 'Then again, other observers might be less optimistic as to the beneficial results of psycho-analysis or other forms of psychotherapy in these cases.'

M. Brierley.

*

CLINICAL

M. D. Eder. 'The Management of the Nervous Patient.' *The Medical Forum*, 1932, vol. I, p. 18.

This address to the London Jewish Hospital Medical Society summarizes the mental conditions obtaining in nervous patients, and the methods available for their treatment. Stress is laid on the importance of a genuinely understanding attitude on the part of all concerned in the management of such patients, and on the advisability of doctors and nurses equipping themselves with a sound knowledge of unconscious mental processes. Analysis is the preferred method of treatment. 'When this is not feasible . . . the physician's intelligence . . . must be employed to guide his patient to a measure of mental wholeness.'

M. Brierley.

*

Angel Garma. 'Realität und Es in der Schizophrenie.' *Internationale Zeitschrift für Psychoanalyse*, 1932, Bd. XVIII, S. 183–200.

The author examines Freud's theory that in neurosis the ego in virtue of its allegiance to reality suppresses a part of the *id*, whereas in psychosis *the ego in the service of the id* withdraws itself from a part of reality. He points out that religious people also lose a part of reality, e.g. in turning from woman, and that with their masochistic orientation to God they give up their active—masculine—desires just as did Schreber. Reality is not only something that restrains, but something that gives opportunity for the satisfaction of our desires; the sense of reality develops in no little measure from the satisfying nature of the outer world. Neurotics lose touch with the agreeable part of reality because of their submission to the disagreeable part (castration threats). Does the ego in psychosis ignore reality *in the service of the id* as Freud suggests? Is the antithesis *turning from reality* and *turning from the id* useful? He re-examines the Schreber and Wolf-man cases with this in view and finds the passive-masochistic attitude far stronger than with neurotics; for example, the megalomania coincides with the passive wishes, and in the Wolf-man

the psychosis was accompanied not only by an increase of homosexual libido but by a strong suppression of heterosexual libido, and with it his relation to reality. The passive-masochistic attitude is found in *hypnosis* where there is a coincident suppression of active-masculine wishes and of reality; so too in catalepsy, echolalia, analgesia, etc. Schizophrenic *identification* is a loss of object-interest with change in the ego to similarity with the object, i.e. the libido is desexualized. For the ego to treat itself as an object is passive behaviour, a feature of childhood and of super-ego formation.

The conclusion is that loss of reality and of self feeling is a consequence of anxiety due to a strong super-ego, the exaggerated passive-feminine libido is traced to a turning away from active-masculine impulses. (The case of woman is not considered.) [Bibliography and further theoretical points concerning identification, omnipotence, depersonalisation, womb-regression and suicide are amplified.]

John Rickman.

*

Edward Glover. 'A Psycho-analytic Approach to the Classification of Mental Disorders.' (With Diagrams.) *The Journal of Mental Science*, 1932, vol. LXXVIII, p. 819.

Three criteria are suggested as a basis for classification of the psychoses: (a) a descriptive clinical standard, (b) a systematic ego standard by which the psychoses can be related to normal development, (c) a qualitative standard or test of reality, which, by virtue of specific relation to the psychoses, will act as a check on the systematic standard and enable the psychoses to be distinguished from normality.

(a) Descriptive terms, 'schizophrenia' or 'dementia praecox', 'paranoia' and 'melancholia' may be borrowed from existing psychiatric terminology to suggest three main divisions varying in depth of regression and degree of impairment of reality sense.

(b) The psychoses represent an extreme example of the attempt to deal with anxiety by distortion of the ego. The ego-organizations of the first five years of life are the ego key patterns. The primitive ego is polynuclear in the sense of a series of comparatively independent organizations (corresponding to the series of relative libidinal primacies). 'The primitive structure of the ego might be figured as a kind of skeletal system. At the beginning is a cluster formation of ego-nuclei converging on a consecutive series, the elements of which show an increasing degree of organization. The cluster and the first few nuclei that follow represent the fixation-points of the psychoses; the last organized nuclei represent the fixation-points of the neuroses.'

(c) Consideration of the nature of 'objects' and of the primitive processes of projection and introjection leads to the conclusion that the

'normal' infant is in an acute psychosis. 'Unless the child comes to terms with reality, he remains in a true psychotic state of anxiety.' The adult psychotic is plunged back into this state by the breakdown of the narrow margin of effective repression which has enabled him to maintain a façade of reality adaptation. From the psychiatric point of view adult reality sense represents the capacity to maintain psychic contact with the objects in or through which post-infantile modified instincts are or can be gratified. . . . Abnormalities in reality sense may be subdivided into (a) shrivelling of this object world due to withdrawal of interest into the ego, and (b) distortions of the world of objects due to projection on it of ego-content. In the case of children it is possible to subdivide the main psychoses and neuroses in accordance with ego-object relations and separate these two main groups sharply by the reality sense test. Adult classification on these lines requires the inclusion of characterological and other states, such as drug addiction, which are transitional phases between psychotic reactions and normality.

M. Brierley.

*

I. M. Kogan. 'Weltuntergangserlebnis und Wiedergeburtsphantasie bei einem Schizophrenen.' *Internationale Zeitschrift für Psychoanalyse*, 1932, Bd. XVIII, S. 86–104.

A detailed account of phantasies of world destruction and new birth in a schizophrenic, with illustrations.

John Rickman.

*

Annie Reich. 'Zur Genese einer prägenital fixierten Neurose.' *Internationale Zeitschrift für Psychoanalyse*, 1932, Bd. XVIII, S. 388–400.

An interesting account of the analysis of a male patient twenty-four years old, a 'masochistic character' suffering from depression and hypochondria.

Melitta Schmideberg.

*

Dreams

B. Cohen. 'Uber Traumdeutung in der jüdischen Tradition.' *Imago*, 1932, Bd. XVIII, S. 117–121.

It was not axiomatic among the Tannaim and Amoraim, whose sayings and statements are found in the Talmud, that dreams were necessarily prophetic, although they accepted the prophetic meanings of the dreams of the Hebrew patriarchs found in the Bible. The dreams of ordinary persons might be interpreted non-prophetically, occasionally quite psychoanalytically. R. Chisda Ber declares that 'an uninterpreted dream is an unwritten letter'. Cohen cites a number of dream interpretations given

by R. Ishmael to an enquiring Sadducee which he considers are very close to the analytic method.

(i.) *I gave some olive oil to drink :* You are in incestuous relationship with your mother ; oil being used as a sexual symbol.

(ii.) *My eyes kiss another :* Incestuous relationship with a sister.

A number of other dream interpretations from the same sources are given as well as the conventional metaphorical interpretations of them previously given by a Samaritan. Although the Amoraim held diverse views as to the meaning of dreams the rule was general : ' Whosoever has had an anxiety dream should endeavour to find a hopeful interpretation ; if unsuccessful, a day's fast is enjoined to prevent the forgetting of the dream and the problems it has raised through the carrying on of the daily round '. Self knowledge, the true basis of repentance, is strengthened by reflection under ascetic conditions. Dream interpretation leads to such knowledge.

M. D. Eder.

*

Antonie Rhan. ' Erklärungsversuch des Zahnreizteraumes.' *Internationale Zeitschrift für Psychoanalyse*, 1932, Bd. XVIII, S. 19–20.

Tooth-pulling dreams occur in former thumb-suckers. They represent an attempt to restore the conditions under which this sucking pleasure is most enjoyable, and possibly constitute also a revival of the suckling's wish to be rid of painful erupting teeth.

M. Brierley.

*

Sexuality

Michael Balint. ' Psychosexuelle Parallelen zum biogenetischen Grundgesetz.' *Imago*, Bd. XVIII, S. 14–41.

The value of this paper lies as much in the suggestiveness of the biological facts presented as in the hypotheses founded on them.

Dr. Balint starts with the application of Haeckel's law of recapitulation to the psyche. The id, he says, knows or potentially contains the whole of phylogenesis—the explanation of the extraordinary correspondences he has invariably found between even the wildest phantasies and biological facts. He then demonstrates in connection with psycho-sexuality the unicellular counterparts to oral and anal pregenital functioning, and proceeds to a consideration of the development of a multicellular organism composed of soma—originally vegetative cells, asexual or less probably bisexual, sexual organs—gametozytes, and germ cells—gametes, with Eros as the binding and compelling force. Dr. Balint's own and only alternative to his anthropomorphic (or deificatory ?) tendency is the placing of all the importance on external factors in development. But he

has no difficulty in showing that Ferenczi, whose ' Versuch einer Genital theorie ' he ably seconds in the main, was mistaken in supposing that internal fertilization and true reproductive organs were the result of, rather than a furtherance and selection by, the compulsory change from land to water ; with the exception of the amnion their development had already begun. The cause of this development, as of the development of organic unity and individuality (i.e. indivisibility as contrasted with early fissional reproduction), Dr. Balint sees in the internal compulsion of Eros, bribing the soma with unity in sexual pleasure—orgasm—to surrender its potential immortality to the germ cells. The author uses the same type of phraseology when considering the equally fascinating problem of reduction and regeneration as shown in the dynamics of conjugation as well as in certain experiments involving the soma, and in psycho-analytical treatment. We should all be prepared to accept a statement to the effect that the alternative to increase of energy is reduction (or simplification) of the work required of it.

N. N. Searl.

*

M. Wulff. ' Mutter-Kind—Beziehungen als Äusserungsform des weiblichen Kastrationskomplexes.' *Internationale Zeitschrift für Psychoanalyse*, 1932, Bd. XVIII, S. 104–109.

Clinical cases illustrating the transfer of hostility from husband (hated father) to child. Inasmuch as this hatred is conditioned by accentuation of penis-envy it may be described as a manifestation of the female castration complex.

M. Brierley.

*

Childhood

Susan Isaacs. ' Some notes on the Incidence of Neurotic Difficulties in Young Children.' *British Journal of Educational Psychology*, 1932, vol. II, p. 184.

After dwelling on the importance, both theoretical and practical, of the relative frequency of neurotic difficulty in young children, Dr. Isaacs proceeds to classify and analyse some 400 letters, selected from a total of 572 received by her as advisory correspondent to a weekly paper read chiefly by mothers and others concerned with nursery problems. She quotes from a considerable number of the letters.

Theoretically, she points out, the importance of frequency lies in the check it places on the assumption that a definite line can be drawn between the ' normal ' and the ' abnormal '. Neurosis in childhood is a matter of degree. Almost all children produce some neurotic symptoms between the ages of 2 and 6 years. The practical importance of frequency is in its bearing on diagnosis and treatment.

The question ' What is meant by a neurotic difficulty ? ' is answered fully in a brief account of the Freudian theory of ego development and its relation to the anxiety and guilt which lie behind many forms of troubled behaviour in little children.

The letters have positive evidential value in several ways :—

The children, 342 of whom are under 6 years of age, are all from good middle-class homes, and therefore not subject to the influences of extreme poverty.

When the letters record a sudden change for the worse in the child's behaviour, the absence of any known adequate stimulus is striking, and this would seem to confirm the importance of internal, as opposed to environmental, factors, though the value of real events is not to be underestimated.

When due allowance has been made for distortion, exaggeration and omission on the part of the writers, the correspondence still points to the probability of difficulties more serious and wide-spread than many theorists would admit, and to the need for further observation and research.

H. Sheehan-Dare.

*

E. Jacobssohn. ' Lernstörungen beim Kinde durch masochistische Mechanismen.' *Internationale Zeitschrift für Psychoanalyse*, 1932, Bd. XVIII, S. 242–251.

Dr. Jacobssohn describes the analysis of two boys aged 7 and 9 respectively, with inhibitions in learning. She shows their sadistic conceptions of school, teacher and work, and emphasises the strong libidinization of anxiety and punishment mechanisms. In one case she regards the masochistic gratification derived from the inhibition in learning as the main factor in its aetiology. ' The fact that this child's inhibition in work could not be completely removed was due, not to its being rooted in punishment mechanisms, but to its offering him enormous libidinal gratification. Heinz clung obstinately to this as to a perversion.'

Melitta Schmideberg.

*

Applied Psycho-Analysis

H. Banister. ' Sentiment and Social Organization.' *British Journal of Psychology*, 1932, vol. XXII, p. 242.

A superficial attempt to find the foundation of group behaviour in the sentiment-formation tendency. Trotter's herd instinct and Freud's libido theory are examined.

Trotter's assumption of a herd instinct is held to be unjustified by the evidence in that the three chief characteristics of this instinct do not stand critical examination. (i) The habits of dogs and lambs show that

the animal does not have to live with the herd nor does an animal brought up away from the herd show a sense of comfort in the presence of its fellows when returned to it. (Animals with no herd instinct should make the best pets, which is not true.)

(ii) Herd instinct is not necessary to explain suggestibility to the voice of the herd.

(iii) Instinctive obedience to the voice of the herd is explained by Trotter (compare Freud's view of the ego ideal) as due to the individual incorporating the herd opinion, and from this is deduced that the earlier and more strongly discipline and education are enforced on the child the better behaved it should be, and vice versa, which is held to be disproved by observation.

Freud's views are quoted from *Group Psychology and the Analysis of the Ego*, and the *Ego and the Id*. They are quoted as giving importance to the functions of the group leader and as attributing the origin of all groups to the banding together of the brother which occurred in the primal horde because the brothers were denied mates. Social feeling is based upon the reversal of what was at first hostile feeling into a positively toned identification, and the higher moral side of human nature is to be found in the ego ideal—the representation of our relation to our parents. These views are criticised (i) as unconvincing and, (ii) because it is not the leader who is the primary cause of group formation, but the common interest, e.g. a wolf pack forms owing to the common interest in hunting food. Once the group is formed the members form sentiments round it, and so maintain it when the primary cause has ceased to act (here following MacDougall and Bartlett). Freud does not enable us to understand why some animals do and others do not form herds. The explanation of this is to be found in the presence or absence in any particular animal of a sentiment-forming tendency. Analysis of why some animals have and others have not this tendency is not attempted. The tendency is held to be innate. Freud's explanation of the changing of ' what belongs to the lowest depths in our mind to what we value as the highest in the human soul ' is far-fetched. Freud and Trotter have overlooked the tendency to organization. Their analytic methods tend to destroy that for which they are seeking. The view postulated is that the explanation of group behaviour lies in the possession of an innate sentiment-forming tendency. The dog and cat are quoted in evidence. Man is able to form sentiments round objects, and also round ideas and ideals, and from this latter capacity results altruism. The cat and dog are quoted to show that sentiment-formation is not due to repression. On the contrary, sentiments are repressing forces. Social behaviour in various kinds of children is explained by the kind of sentiments the child has formed round members of the family, and their behaviour and his

ideas about them. This view is not compared with the ego ideal. A plea is entered for the study of conditions conducive to sentiment-formation.

D. Carroll.

*

Siegfried Bernfeld. ' Die kommunistische Diskussion um die Psycho-analyse.' *Imago*, 1932, Bd. XVIII, S. 352–385.

Bernfeld summarizes and criticizes the view put forward by various authors during the last seven years in ' the leading official scientific publications of Soviet Russia " Unter dem Banner des Marxismus " '.

He considers the view that psycho-analysis is a philosophy or ideology, and as such can be judged according to the economic circumstances of its discovery. Psycho-analysis is a science and though it may be in part the product of social and economic factors its validity is to be judged by other standards. The question whether psycho-analysis is purely a psychology of the individual and can therefore make no contribution to sociological science is also advanced. The previous article by Reich in the same number is also subjected to criticism.

Adrian Stephen.

*

Edward Glover. ' Common Problems in Psycho-Analysis and Anthropology; Drug Ritual and Addiction.' *British Journal of Medical Psychology*, 1932, vol. XII, pp. 109–131.

Can the anthropologist establish a phylogenetic series in group development corresponding to the individual ontogenetic sequence? Can he ' sub-divide different tribal organizations in accordance with the balance of psychotic, neurotic and " reality " reactions '? Is there any evidence to show that the drug addictions of primitive people could be related to degrees of paranoic mechanism exhibited in social organization? The data of anthropology are at present inadequate to supply satisfactory answers to such questions. It is suggested, ' (a) that for purposes of effective communication between the sciences of anthropology and psycho-analysis, anthropological " functional " methods should be made to approximate more closely to the balance sheets of psycho-analysis. . . . (b) that as group relations tend to throw projective mechanisms into relief, formulations based on group study should be supplemented by closer study of the individual primitive for introjection phenomena; (c) that group regulation of instinct should be assessed not only in terms of manifest reactions of anxiety, guilt and hate, but in terms of unconscious anxiety, guilt and hate, both adult and infantile; (d) that the fusions of aggressive and libidinal impulses should be very carefully studied and the history of infantile agression followed; (e) that much more attention

should be paid to the individual and family reactions of the infant primitive'.

M. Brierley.

*

The Rt. Hon. Lord Raglan. 'The Origin of Cruelty.' *Man*, 1932, vol. XXXII, No. 134 (May) and related correspondence. Edward Glover and Lieut.-Colonel Stoneham, July and October, No. 292.

A stimulating controversy on *The Origin of Cruelty* was started by Lord Raglan (May) in his criticism of Roheim's view (*J.R.A.I.*, 1929, 188) that the institutions of circumcision and of castrated priests are ritual survivals of the castration of the defeated in the battles of the 'primal horde'. Lord Raglan argues that cruelty is spontaneous neither in children nor in primitive people, and that it is mainly confined to Western Europe, where it is the product of repression. 'To the male animal', he writes, 'his rival is an obstacle and nothing more. When death or flight removes the obstacle it is promptly forgotten, and attention turned to the female. Does Dr. Roheim believe that gorillas castrate each other?' The truth, he says, is to be sought by the comparative method, 'and not by attributing to the "bestial pre-human" ideas and practices which are utterly unknown both among men (sic ?) and among animals'. Thus, for example, Mr. Briffault, in *The Mothers*, using the comparative method, suggests that circumcision is a ritual imitation of defloration, and the castration of priests a stage in the transference of the priesthood from women to men. One has the impression that in most discussions of this kind, the two problems of historical origin and psychological motive are insufficiently distinguished. Since the psychological motive is almost always overdetermined, circumcision is likely to symbolize defloration as well as castration. Indeed the two ideas seem often indistinguishable in the unconscious.

Dr. Glover (July), replying to Lord Raglan, reasserts the existence of the castration complex and of cruelty in children. To this, Lord Raglan answers that he is prepared to take Dr. Glover's 'word for it that many children have castration fears', but he cannot accept the view that such fears are innate, nor can he see any evidence for the existence of the 'primal horde'. Finally, Lieut.-Colonel Stoneham (October) quotes examples of apparently refined or sadistic cruelty among monkeys and primitive people.

R. Money-Kyrle.

*

Eduard Hitschmann. 'Psychoanalytisches Zur Persönlichkeit Goethes.' *Imago*, 1932, Bd. XVIII, Heft 1, S. 42–66.

A lecture given before the Wiener Goethe-Verein, an audience not schooled analytically. Consequently a great part is taken up in explaining analytic methods and the application of them to literature.

Newer research—so the author avers—has found out the great importance his father had on Goethe's development; the mother's influence has always been fully recognized. Very convincingly it is shown how many events of Goethe's life seem a repetition of his father's. Thus his Italian Journey, and all it meant to him. With both men it was connected with a greater freedom in love, cutting them loose from the earlier stricter attitude. But alas his collector's passion, his didactic talents, his capacity for friendship—in earlier life as the receiving, in later life as the giving party—they are all reminiscent of the father. The softer, motherly side is continued in his affection for Christiane, his wife, who to him represents a distinct mother imago. Here again he identifies himself with the father in choosing a woman so much his junior.

Katherine Jones.

*

Alexander Mette. 'Nietzsche's "Geburt der Tragödie" in psychoanalytischer Beleuchtung.' *Imago*, 1932, Bd. XVIII, S. 67–80.

A searching and interesting analysis into this work of Nietzsche which by comparing the psychological and metaphysical side of the Birth of Tragedy seems especially fitted for analytic investigation. The author bases his remarks on the well-known work of Winterstein, who sees a connection between Dyonisian plays, primitive initiation rites, and totem feasts. This same connection dawns on Nietzsche, though he does not actually realize the unconscious significance of death and rebirth in these customs. The development into actual tragedy—the Apollonian element, as Nietzsche calls it—is the sublimation of incestuous and homosexual tendencies. The hero, the ideal, which the Greeks created so successfully, is a sublimation of these tendencies combined with their own narcissism.

The detailed investigation comes to the conclusion that the finished product, the tragedy, is distinguished from its origin by a more conscious and stronger guilt on the part of the central figure. On the metaphysical side new light is thrown by Freud's remarks on the Uncanny, which open up new vistas by referring us to the artist's temporary regressions to the level of the infant, so far removed from the adult world of thought.

Katherine Jones.

BOOK REVIEWS

The Psycho-Analysis of Children. By Melanie Klein. Authorized translation by Alix Strachey. (Hogarth Press and the Institute of Psycho-Analysis, London, 1932. Pp. 393. Price 18*s.* net.)

Speaking some years ago at a Symposium of the Psychiatric Section of the Royal Society of Medicine, I ventured to predict that the future of psychiatric diagnosis, prognosis and treatment was bound up with the future of child-analysis. Considering the backward state of psychiatric science at that time, this view was comparatively easy to maintain and document. But now that Melanie Klein has brought her researches up to date, and has published them in one comprehensive volume, the more difficult task faces the reviewer of estimating the importance of her findings for the future of psycho-analysis itself. And I have no hesitation in stating that in two main respects her book is of fundamental importance for the future of psycho-analysis. It contains not only unique clinical material gathered from first-hand analytic observation of children, but lays down certain conclusions which are bound to influence both the theory and practice of analysis for some time to come. So much may certainly be said at a first reading, that even if her views arouse—as they undoubtedly will—a varying degree of dissent in analytical circles the discussion which is bound to follow publication of her book will help to bring out many divergences in analytic tendency which so far have been obscured by a too ready glossing over of difficult passages in standard theory. And this itself is no mean contribution to psycho-analytical science.

Although it is not possible to give a full summary of the author's copious contributions, some outline of the more important points is essential to an adequate review. Fortunately this is not a difficult task. The greater part of the book is an expansion of two courses of lectures given at different dates (a fact which accounts in part for a somewhat excessive amount of overlapping in exposition). But it contains also one or two chapters (in particular Chapters VIII and IX), based on earlier papers on the subject. These two chapters give the gist of Melanie Klein's work. Concerning Chapter VIII (on the early stages of the Œdipus conflict and of super-ego formation) I have again no hesitation in saying that it constitutes a landmark in analytical literature worthy to rank with some of Freud's own classical contributions.

Eking out these chapters with a few statements taken from other sections we may describe the position as follows: From the middle of the first year onward the oral frustrations of the child together with increase of its oral sadism release Œdipus impulses. The super-ego begins to develop at the same time. The immediate consequence of oral

frustration is the desire to ' incorporate ' the father's penis. But this is accompanied by the theory that the mother ' incorporates ' and retains possession of the father's penis. The impulse is then aroused to destroy in various primitive ways the mother's body and its contents. In the case of the girl the impulse to destroy the mother's body gives rise to a danger situation equivalent to the castration anxiety of the boy, viz. fear of destruction of her own body. Incidentally, it is laid down that anxiety springs from aggression. As soon as the child's process of ' incorporation ' has begun, the incorporated object becomes the vehicle of defence against the destructive impulses in the organism. The child is afraid of being exterminated by its destructive impulses and projects them on an external object which it then tries to destroy by oral-sadistic means. And this in turn involves incorporating a ' bad ' object which acts as a severe super-ego. This primary defence by oral aggression soon extends to urethral and anal-sadistic systems. These all turn in the first place against the mother's breast, but later against other, sometimes corresponding, parts of the mother's body. These primary defences continue unabated until the decline of the earlier anal-sadistic stage. Oral frustration also arouses an unconscious knowledge that the parents enjoy mutual sexual pleasures (at first thought of in oral terms), and the oral envy aroused makes the child wish to push into the mother's body and is at the same time responsible for its epistemophilic trends. These phantasied attacks are directed in particular at the orally incorporated penis of the father. The boy, for example, is ultimately afraid of the mother's body because it contains the father's penis, i.e. fear tends to be displaced from the penis to the body. The most anxiety-provoking situation is that where the mother's possession of the father's penis is regarded by the child as a combination against him of both father and mother.

With the boy, Œdipus conflict sets in with hatred of the father's penis in the mother's body and desire for genital union with the mother. The girl in her anxiety turns from the mother (body) to the father (penis). In both the impulses of hate bring about the Œdipus situation and the formation of the super-ego. It is clearly laid down that the child's earliest identifications should be called a super-ego. This institution helps to overcome anxiety and sadism, but of course anxiety itself is partly responsible for the expansion of different erotogenic interests. The child's introjected objects (which are essentially organ-objects) exercise a phantastic severity, and therefore arouse intense anxiety. Indeed, in the early anal-sadistic phase the child is trying to ' eject his super-ego ', and not only his super-ego but his Id. Up to the end of this phase we have all the fixation points for the psychoses. The processes of introjection and projection are reciprocal, and during these phases the ego deals with objects as the super-ego deals with the ego and as the ego deals with the

super-ego and Id. This introduces a confusion between the phantasied and the reality dangers of the object. The 'real' object contributes a little but as a rule only a little to this anxiety situation. The child's original hate of the object is reinforced by hate of the super-ego and Id.

Modification of these early anxieties and defences is effected through the libido and through relations to real objects. Even the earliest turning from the mother's breast to the father's penis is a libidinal step forward from an anxiety situation, although not at first a very successful step. In the girl it is the precursor of the Œdipus situation ; in the boy it may, unless overcome by a second orientation to the mother, lead to a deep homosexual fixation on the father. What we call stages in the development of the libido really represent positions won by the libido in its struggle with destructive impulses. Moreover, suspicions regarding the external world evoked by projecting sadism on to it lead to a closer contact with real objects. These factors, following the process of ejecting the destructive super-ego, prepare the way for more successful introjection of 'good' objects. The new introjections lead in turn to modification of the earliest anxiety phobias which are of a projective, paranoidal nature. In the later anal stage, when the super-ego begins to be 'retained', anxiety develops into guilt, and obsessional features make their appearance. Ceremonials of object-restoration are a prominent feature at this stage, and are characterized by a belief in creative omnipotence which is necessary to counteract the belief in destructive (excretory) omnipotence. These obsessional symptoms are also a defence against early masturbatory systems, which themselves respresent attempts to side-track sadistic Œdipus content. To these 'pathological' measures of defence are added the more 'normal' mechanisms of play, and of curiosity (search for knowledge) which serve to allay fears in the outer world. An attempt is now made to approximate the super-ego to real objects, and to build up a realistic ego-ideal system. The development of the super-ego and of the libido cease at the onset of the latency period. In general, differences in the super-ego structure of the boy and girl relate to differences in the history of aggressive and libidinal development. The girl's Œdipus phase is ushered in by oral desires for the father's penis which is thought to be in the mother's body. Her omnipotence then makes the girl believe that she has herself 'incorporated' this penis. This reinforced incorporation tendency gives the girl a more powerful super-ego. Differences in the method of dealing with this 'bad' introjected penis are responsible for differences in type observable amongst women. The girl's super-ego is also affected by ideas of sadistic omnipotence of excreta. And owing to the absence of a real penis she has more uncertainty about the inside of her body. In general, the girl's

super-ego is more extensive than the boy's owing to the receptive nature of her impulses. The boy's primary omnipotence relates more to the possession of a real penis and less to the existence of an introjected father's penis. The girl introjects more than does the boy ; she ' needs ' objects more, and is left ultimately with a more exalted super-ego. The boy in his original relation to the father's penis inside the mother's body concentrates more on destruction of the penis. In any case the stage of attack on the mother's body does not last so long as in the girl ; moreover, the accompanying omnipotence is less excretory and more penile. Believing in the sadistic omnipotence of the penis, the boy concentrates on attacking the father's penis, and this leads to genital desires for the mother. When this penis-hate is displaced to the real penis of the father, typical castration anxiety develops.

It is apparent even from this inadequate survey that several fundamental issues are at stake. These are : the date of onset of the Œdipus complex, the date of origin of the super-ego, the stages in modification of anxiety, the relation of introjection, projection and defensive aggression to primal repression and the inter-relations of aggressive and libidinal impulses, particularly as regards phases of development. Arising out of these main issues are certain clinical problems, e.g. the developmental order of psychoses and neuroses or psychological differences between male and female mental structure. Several very practical problems in technique also arise, in particular the advisability of early ' deep ' interpretation in adult cases. Finally, the more abstract, yet none the less important, question arises whether to revise existing metapsychological views of mental ' defence '.

As far as the Œdipus situation is concerned, I see no reason to suppose that Melanie Klein's observations about the early onset in her own cases are inaccurate. It has frequently been reported at analytical meetings that infants from 6 to 18 months show manifest Œdipus reactions, and it can frequently be observed that children of 3 to 3½ have already passed into the latency period. It is of course open to the critic to say that since only a few of her cases were actually analysed in the infantile stage, and since already at 3 to 4 the mental structure of many children is adult in type, Mrs. Klein has not yet established the right to generalize, or that she may have mistaken regression for fixation. But that is merely to bring forward statistical and other considerations which do not minimize the importance of such of her observations as are unimpeachable. Freud has recently endeavoured to reduce sources of confusion by saying that there is no objection to calling all pre-genital relations between the infant and its parents Œdipus relations. But this, I imagine, would not satisfy Melanie Klein. She states specifically that phantasies concerning the father's penis (inside the mother) follow immediately on oral frustration,

hence that her ' first year Œdipus situation ' is a true genital Œdipus formation. And theoretically there can be no question that, since the genital zones do function to some extent from birth, they are capable of obtaining psychic representation in primal phantasies. The matter is clearly worthy of careful investigation, but in the meantime it is safe to say that we have hitherto greatly underestimated the depth of Œdipus systems. And this in turn implies that our nomenclature of libidinal stages requires some revision. Assuming for the sake of argument that Melanie Klein is right, then—to judge from the early and extensive ramifications of penis phantasies—the so-called oral stage should be sub-divided into an early oral sucking phase and a later *oro-phallic* biting stage. My own feeling in the matter is that whilst we cannot exclude phallic (and therefore genital Œdipus) determinants from the later oral stage, neither can we exclude them altogether from the earlier oral stage. The author in my opinion follows too closely here Abraham's idea of a pre-ambivalent early oral stage. There is no reason to suppose that already in the first six months (sucking stage) the child has not employed numerous displacement manœuvres (including accentuation of uro-genital interest) to deal with oral and other forms of sadism. Further, we cannot exclude the influence in the earliest stages of other erotogenic centres and zones of discharge for aggressive impulse. Analytic experience of different schizophrenic types inclines me to the view that oral primacy is much more relative than we have supposed, and that it is capable of more detailed sub-division.

Concerning the early formation of the super-ego practically identical arguments are applicable. Here again I have the impression that Mrs. Klein has established a principle of considerable importance. In the early days of super-ego controversy critics used to take rather easily for granted that anything preceding the end of the phallic Œdipus stage should be regarded as belonging to the stage of a ' primitive ego ' which was supposed partly to obey and partly to project the urgencies of the Id. The super-ego was regarded as the result of a final abandonment of infantile objects whose love functions involved mainly genital systems. On previous occasions whilst supporting Melanie Klein's conclusions regarding earlier super-ego formation, I have myself leaned to the view that her earliest super-ego was mainly primitive ego. But recently I have come to regard the issue as in part terminological. I think there is still some use for the term ' primitive ego ', however short-lived this hypothetical phase may be. I believe, however, that any psychic imprint which is sufficiently permanent, and which leads to the sub-division of instinctual energies within the ego (Freud's ' turning on the self '), is entitled to claim super-ego status. There are many advantages in holding this view : in particular, it makes the abnormal super-ego manifestations of

the psychoses more comprehensible. One is no longer entitled to talk of ' absence ' or ' under-development ' of the super-ego as a factor in many psychopathological states, e.g. compulsive crime. On the other hand, while it is perhaps more convenient to talk of a ' severe ' primitive super-ego, writers should be careful not to give the impression that these early super-egos are highly organized. The lines of demarcation between Id, (?) primitive ego and (?) primitive super-ego are never very clear; and the ' severity ' of the super-ego can, I believe, be more objectively estimated in terms of energy, i.e. the quantities of unmodified aggressive impulse passing through the system. Nevertheless, opponents of Mrs. Klein's view may continue to insist that the only super-ego worth calling a super-ego is that derived from the final frustration of genital impulses towards complete parental objects. But at this point argument becomes fruitless. Mrs. Klein insists that true genital frustration exists from the first year, and opponents cannot escape the task of re-examining their clinical material on this basis.

Not the least of the advantages of Mrs. Klein's formulations is that they bring into clearer perspective the nature of primitive ' mother ' super-ego formations. As a matter of fact she rather weakens the value of this concept by insistence on the importance of the father's penis for both boy or girl in early stages. But I imagine this point might not have been stressed so much had the author not felt impelled to make her new findings correspond as far as possible with classical theory. It has always seemed to me that the accepted view of a mainly paternal super-ego depended on a rather arbitrary exclusion of the influences of the first two years.

Incidentally the author's use of the terms ' projection ', ' introjection ', ' ejection of super-ego ', ' incorporated penis ', etc., is liable to give rise to difficulty in formulating not only the theory of defence mechanisms but in stating plainly and clearly the history of infantile phantasy. It is always hard to prevent anthropomorphism from creeping into psychological terminology. And this makes it all the more essential to avoid any usages which might degenerate into a form of slang. I think it is advisable to keep these terms strictly to their metapsychological meaning, to employ them solely as convenient labels for purposes of theoretical description of the psychic apparatus and its functioning. It so happens that the word ' incorporation ' is useful not only in metapsychology but as a descriptive term in infantile phantasies. But in other instances it would be better to coin appropriate (? infantile) terms to describe phantasy content. So long as it is made plain that the objects psychically introjected at early stages are what the onlooker might call ' part-objects ' it is unnecessary to use the phrase ' introjected penis ' when describing a primitive phantasy. It is a mixed metaphor. Actually the terms

' swallowed ' or ' ingested ' would on some occasions be much more precise. In any case it is worth while preserving a distinction between on the one hand the *mechanisms* of introjection and projection which, I agree entirely, are in early stages continuous reciprocal processes, and on the other the formation of a psychic imprint, nucleus or *institution*, having as its aim the overcoming of *final loss* of an object (or part object), i.e. final frustration of a set of impulses. Mrs. Klein, in my opinion, does not distinguish sufficiently between the dynamic and the structural and topographic aspects, always obscure, of super-ego formation. It is one thing for the child to attribute psychic tension to the presence in its body of an imaginary penis or enemy and then to apply the mechanism of projection in terms of a phantasy of ' ejecting the enemy '. It is quite another to talk of the child trying to eject the super-ego.

In passing it is to be noted that the author equates the mechanism of projection with the process of anal expulsion. She states specifically that the first anal stage by virtue of a characteristic interest in expulsion comes to the rescue of the ego when in difficulties with oral sadism and introjection phantasies. There is little doubt that, as Abraham pointed out, early anal experiences lead to the formation of psychic object-relations having as their aim the expulsion and destruction of an object which is thought of as existing inside the child's own body. But even allowing for a degree of legitimate over-emphasis in presentation, Mrs. Klein's view scarcely does justice to the primitive expulsion systems in existence from birth, in particular respiratory and gastric systems. Moreover, as Freud himself indicated long ago (in *The Interpretation of Dreams*), the basis of primal projection is a peculiarity in the structure and function of the psychic apparatus, viz. that to the system *pcpt-cs* all stimuli whether from within or without the apparatus appear to come from ' without ' perceptual consciousness. The difficulty here is similar to that arising in the case of identification and introjection, namely that whatever may be said concerning the relation of these two processes, one cannot escape the necessity for a hypothetical primary identification. As with the concept of the primitive ego, there seems little possibility that we shall ever be able to discard the concepts of primary identification and of primary projection.

I turn now to a clinical problem ; it is to be noted that the author finds great difficulty in reconciling the accepted order of psychic danger situations (viz. loss of love, castration anxiety, and then loss of love from the super-ego) with her clinical observations concerning the onset of obsessional constructions. She believes that the so-called primary phobias are essentially paranoid in type, and are followed by obsessional formations. This is a matter on which the clinician is entitled to have the last word, provided he is thoroughly acquainted with symptomatology

of child neuroses, etc. My own experience tallies very closely with the views put forward by Mrs. Klein. Moreover, I find that problems of classification of the psychoses and neuroses are greatly simplified by placing an obsessional system (with its implications of fear of the super-ego) between an infantile ' psychotic ' anxiety system and hysterical child phobias.

With another of Mrs. Klein's views I am also in close agreement. She holds that early anxiety systems are reduced by exploitation (in a love, reassurance and restitution sense) of libidinal phases. Admittedly this is not an original discovery. Neither is the companion view that sadism (or rather the impulses of destruction and mastery) is the root of mental conflict a new idea. To Freud himself, and later to Jones and Abraham, is due the credit of first describing the fundamental conception of ambivalence in comprehensive terms. But Melanie Klein certainly deserves the credit of grasping intuitively just how extensively this factor operates in the earliest stages of childhood. And she has not been afraid either to work out the details or to construct fresh hypotheses when her observations seemed to clash with existing theory. This is perhaps one of the greatest of her services. True, the doctrine of sadism has apparently been widely accepted in analytical circles, but there is some evidence that when it comes down to practical applications, the old libidinal etiologies have not lost their strength. At the moment we are watching a swing of the pendulum, and only naturally we must be on guard lest in the new enthusiasm some injustice is done to the pathogenic elements inherent in libidinal systems. In psycho-analytic work, as indeed in most sciences, there is always a tendency to be carried away by new catchwords. Sometimes it is ' narcissism ', sometimes ' anxiety ', sometimes ' psychotic resistance ', and there is always a possibility that the term ' sadism ' may acquire some artificial value of this sort.

This obviously has some bearing on problems of technique. The author makes clear that although some degree of anxiety and frustration can perform useful functions, in the sense of stimulating development and inducing a closer contact with reality, excess of anxiety leads in some cases to the formation of almost impassable defence barriers (see her views on schizophrenic reactions) ; and in her actual analyses she meets excessive anxiety with an immediate deep interpretation of sadistic phantasy. This principle has, of course, always been accepted in the case of strong resistances occurring early in adult analyses (the so-called early negative transference), but the rules guiding interference have never been clearly stated. One gathers that Mrs. Klein is in favour of more extended use of her methods in adult analyses. The test case is, of course, the analysis of the psychotic. And although it is likely that acute divergences of opinion will arise on this matter, the sooner the point is tested the better

it will be for technical methods in general. The final judgement will depend, I imagine, not solely on empirical observations but on a careful re-examination of the importance of libidinal impulse. If libidinal impulse is held to be important mainly as a source of reassurance against the anxieties of primitive sadism (a view which will, I think, be difficult to maintain in any extreme form), the ' deep sadism ' school will prevail. But their policies will in any event be modified by the need for interpretation of deep anxiety at its most favourable point, which is not necessarily always deep in the historical sense. I foresee also that the technical advantages of deep interpretation in terms of primitive anxiety will depend on the degree to which a characteristic phantasy formation can be discovered for different clinical disorders. Even in this present volume infantile phantasies appear to take rather a stereotyped form, and we may well find ourselves once again in that state of perplexity which arose when it was discovered that the Œdipus situation, castration anxiety, etc., were universal factors in neurosogenesis. Mrs. Klein does try to avoid this confusion at one or two points in her book, notably when she describes the fixation points of the psychoses. But her obsessional and homosexual case histories contain frequent references to the same types of early phantasy. This is a matter which will doubtless be dealt with in due course, but it must not be neglected. It would be a thousand pities if such enlightening phantasies lost some of their etiological significance by becoming ' stock properties '.

Doubtless specialists in child-analysis will be more interested in another technical issue, viz,, whether child-analysis should proceed on the lines indicated by Mrs. Klein or whether in view of an alleged weakness of both ego and ego-ideal some mixture of transference therapy is not essential. Mrs. Klein gives many, and in my opinion, good reasons why child-analysis should follow the same principles as adult analysis. But she does not pursue the matter any further, leaving her observations to speak for themselves. The issue will sooner or later be settled by the ordinary procedures of science, and there is no need to debate matters which for the moment are subject to empirical assessment. I would venture, however, to add a cautionary comment here. I doubt if the comparison of therapeutic results will be the only valid criterion. I have observed grave cases of infantile regression make remarkable progress under a system of careful environmental influence. Symptom for symptom I have no doubt the results would stand comparison with those reported by Mrs. Klein. Nevertheless, I have the feeling that a scrutiny of social and individual reactions of such children together with an examination of latent fear systems would make Mrs. Klein's results the more encouraging. There is no hurry to formulate conclusions. Time is certainly on the side of the open-minded investigator.

With regard to the relation of repression to other mechanisms of defence, Mrs. Klein favours Freud's view that repression has a special relation to genital impulses, and agrees that at earlier stages other mechanisms (which she considers to be projection, introjection, scotomisation, etc.) are operative. She does not think that repression is so active in the early stages. A difficulty arises here that since she regards the genital Œdipus situation as itself of extremely early origin there is no *a priori* reason why repression should not be active (it is always unobtrusive) also in these earlier stages. I imagine she would in part support her view that the *ucs* is more accessible in young children on some such explanation as the relative absence of repression. I do not feel that this point has yet been adequately documented. Already the variety of primitive phantasy she describes as existing in small children suggests a notable degree of pre-conscious elaboration. And in any case the relation of scotomisation and other alleged primitive mechanisms to repression is far from clear.

One last comment: on the differences between male and female super-egos. I feel that a great number of 'typical' features described by various writers on this subject are characteristic of sub-groups rather than of the main sex groupings. There is, in my opinion, an excessive urge to produce characteristic differences. It is true Mrs. Klein points out that the first steps in super-ego formation are the same for both boy and girl, but when later on she states that the super-ego of women resembles that of 'children' one feels that the argument becomes two-edged.

But when all is said, the points I have discussed merely go to show how full of stimulating material this book is. Needless to add, there are innumerable other issues which, if space permitted, would deserve due consideration from a conscientious reviewer.

Having so far expressed great admiration for the matter of the book, justice compels me to comment somewhat less favourably on the manner and arrangement. The author has evidently been at considerable pains to weld together two sets of lectures, and the result is a tribute to her ingenuity and patience. But she has not succeeded altogether in hiding the joints. In spite of an admirable translation by Alix Strachey, it is difficult not to regret the amount of overlapping and cross-referencing. The repetition of kernel phantasies has sometimes the disconcerting effect of blurring the picture rather than of adding sharpness to the outline. And, although I do not pretend to be a judge of these matters, the number of footnotes appears to me excessive. Only the extremely leisured reader with a passion for detail is likely to enjoy numerous interruptions to a continued narrative. And only a supreme artist in leisurely narrative can afford to divagate with impunity. It would have lightened ship considerably had the author omitted from these footnotes all reference

to therapeutic successes. These could have been dealt with in a short appendix. By so doing she would have avoided a faint suggestion of special pleading. Mrs. Klein had, I feel sure, no intention of creating this impression; moreover, she has done her best to prevent confusion in estimating results by giving a separate list of the cases and their ages. But justification for child-analysis does not depend solely on the production of striking therapeutic results, however gratifying these may be to their producer.

It is only fair to add that the bibliographical footnotes are very well done. Mrs. Klein has evidently studied with considerable care and insight the literature bearing on all major points of controversy. As far as I can make out there is only one instance (p. 309) where she gives the impression of not having summarized adequately Freud's discoveries concerning penis-child-fæces equivalence. And considering the extent of the ground she covers this is a very minor omission. Should she decide to bring out a second edition, I would venture to suggest that she would do herself and her subject more justice by scrapping the existing mode of presentation in favour of a more systematic and coherent form. By that time, however, she may be confronted with the necessity of issuing at least two volumes. To judge from the rapid progress made in this subject, it is exceedingly unlikely that it will ever again be possible to cover the ground in one comprehensive book. This reflection is in itself a tribute to the magnitude of Melanie Klein's contribution to psycho-analysis.

Edward Glover.

*

Caligula. By Hanns Sachs. Translated by Hedvig Singer. (Elkin Mathews & Marrot, London, 1931. Pp. 224. Price 7*s.* 6*d.*)

We are glad to see that a competent English translation has been published of this well-known book. The study of the Roman Emperor is in itself of great historical interest, and reads like a romance. It is evidently based on very detailed researches into the original records, but Dr. Sachs has exercised a fine gift in making as unobtrusive as possible the evidently rich background of knowledge against which he painted his picture. The book is also of considerable psychopathological interest, for it raises in a penetrating way some of the most obscure problems of the relation between narcissism and sadism, with the curious part played by the super-ego when exposed to a most exceptional environment.

E. J.

*

The Criminal, the Judge, and the Public. By Franz Alexander, M.D. and Hugo Staub, Attorney-at-Law. Translated by Gregory Zilboorg, M.D. (George Allen & Unwin Ltd., London, 1931. Pp. xx + 238. Price 10*s.* net.)

Some forty years ago when Havelock Ellis wrote the pioneer work

in English on the criminal he noted that Great Britain was behind most other countries in the quality and quantity of scientific work dealing with criminals, and that it was the only European country without a journal devoted to criminology. The charge still holds true, hardly mitigated by the publication in this country of two or three outstanding books on the subject. The Dartmoor mutiny certainly awakened some interest in the question of the punishment and treatment of the criminal. Public opinion was aroused, and it was generally held that the criminal must be dealt with on more modern and scientific lines: in future the skilly is to be medically inspected before being served up; prison cells are to be better ventilated. About the time of the introduction of these reforms, the House of Lords managed also to add a contribution towards the scientific treatment of the criminal: it succeeded in re-establishing—against the view of the Commons—whipping as a punishment (preventative ?) for certain offences.

In this atmosphere of highest practical reform one can hardly expect a very cordial reception for a book which consists chiefly of a psycho-analytic study of the criminal and an endeavour to understand him, but which deals but scantily with this kind of treatment of the criminal.

The authors are chiefly engaged with the psycho-analytic interpretation of the criminal and of the relation of society, and more especially of the law and its administration, to the criminal. The criminal is recognized as a special character type, and although the authors would disclaim that anything like finality has been reached in their study of the criminal character, they have laid down the broad lines upon which further studies will be based.

' There but for the grace of God go I ', was an intuitive understanding that the unconscious of the criminal and the non-criminal is the same. But the authors would not be satisfied to leave the difference to the grace of God; instead they recommend an intensive study of the repressing forces; of the structure of the ego and super-ego. They recognise three large classes of criminals:

I. The neurotic criminal whose hostile activity against society results from an intrapsychic conflict, where the tension between unconscious impulses and the repressing forces is resolved alloplastically, contrasting with the autoplastic resolution of the psychoneurotic.

II. The normal criminal in whom there is no such tension; following Aichhorn, the authors conclude that in these cases there is a criminal super-ego as well as a criminal ego.

III. The criminal whose character is conditioned by some organic defect.

The whole subject calls for further study, which can only be based upon prolonged psychological investigation of the individual. It is not

pretended that we, as yet, know the therapeutic effect of psycho-analysis upon either the neurotic or the normal criminal. Some few cases have been successfully treated, but until opportunities are offered for much more complete investigation, especially of young offenders before they have been sent to prison, the psycho-analyst cannot as yet promise success in all cases. The psychologists do know, and some sections of society are ready to recognize this also—that the present methods of dealing with the criminal are cruel, consciously and unconsciously, ignorant—relics of barbarism—and increase the criminal population. The argument that imprisonment acts as a deterrent is not true in fact, and is based upon an incorrect understanding of the psychology of the criminal; it is not infrequently the case that an individual commits a crime in order to be punished.

The immediate necessity is a clinic for the psychological observation, where treatment goes side by side with the intensive study of the criminal, who requires to be explored as a special character type, to be differentiated from the psychoneurotic and psychotic. Since this book was written the Medical Research Council has published the notable investigation of Dr. Pailthorpe, who puts in a strong plea for a clinic or clearing station, where the patients may be fully investigated physically and psychologically. It must be remembered that we know nothing about the relationship between the physical and mental make-up of the criminal, or indeed, if there is any special relationship.

This pioneer work of Alexander and Staub forms an invaluable introduction to the understanding of the criminal, and opens up many suggestions as to the possibilities of psycho-analysis in these cases.

The translator is a little feeble in his use of English grammar, but the translation is adequate, and is everywhere intelligible.

M. D. Eder.

*

The Psychological Effects of Menstruation. By Mary Chadwick. (Nervous and Mental Disease Publishing Company, Washington, 1932. Pp. 70. Price not stated.)

In this monograph the author advances the extremely interesting theory that the witch-woman was to a great extent the menstruating woman. The theory is based on a rather brief historical account—rather too brief in view of the conclusion—of the witch-cult. Miss Chadwick finds support for her theory in the fact that the witch detector was usually said to have ' a wonderfully keen nose for a witch ', and the practice was called ' smelling out witches '. The smell arising from the menstrual flow awakens, Miss Chadwick points out, peculiar phantasies; I do not know upon what evidence she bases her statement that boys are more

prone than girls to notice the change in the smell of the menstruating woman ; so far as my own observations go I have not found this to be so.

The onset of menstruation is to many girls what Miss Chadwick rightly terms a most dramatic discovery ; the dramatic character of the event is due rather to the nature of the phantasy life of the particular individual than to absence of wise preparation. This, of course, does not mean that the girl should not be wisely prepared, but that such preparation needs to start much earlier than puberty. It may be remarked in passing that to some boys the first emission, especially if nocturnal, carries something of the violent emotional reactions that the girl receives at her first period.

An ambivalent attitude of the girl to her first period is, I think, more common than usually allowed. Side by side with the terror and shame which Miss Chadwick describes go, in many girls, pride and gratification ; now she is a woman ; now she is on a level with her mother, older sisters, or friends. A mystery, which is so frequently only a pseudo-mystery, has been solved.

In a final section the author deals with the psychological disturbances of the adult menstrual period ; good descriptions of these disturbances are common in some medical books and in many works of fiction, but here we have offered an interpretation of the symptoms in terms of unconscious motivations. Miss Chadwick has only been able to give a brief sketch of the underlying unconscious motives ; a great deal more investigation upon similar lines is required for accurate and full information upon this important subject. Psycho-analytic literature is very sparse in regard to menstruation and the relationship of the whole cycle to varying unconscious phantasies. Miss Chadwick's monograph fills a gap in this literature.

We would ask the writer to pay a little more attention to English grammar. Such attention would enhance the merit of the book's content already most valuable, since it would make reading easier and arouse a little less prejudice, perhaps, against these unorthodox views.

M. D. Eder.

*

Aspasia : The Future of Amorality. By R. E. Money-Kyrle. With an introduction by Professor J. C. Flugel. (Kegan Paul, Trench, Trubner & Co. Ltd., London, 1932. Pp. 141. Price 3*s.* 6*d.* net.)

It is perhaps just as well that the younger anthropological psycho-analysts should engage in optimistic forecasts of the future of mankind. The analyst is so engrossed in attempting to remove the aggressiveness and sadism of his patients that perhaps he is biassed in his opinion—like Freud and the reviewer—that social therapy does not offer much scope to remove our permanent discontents, whilst universal psycho-analysis is, of course, not even a Utopian dream. Dr. Money-Kyrle deals with

several problems of our present discontents, and he remains rather hopeful that some of these can be removed if the general public will try to understand the analytic bases of our social troubles. He gives a very clear, though necessarily summary, account of the Œdipus and pre-Œdipus situations. With this as a foundation he asks civilized mankind to be somewhat more tolerant than it has hitherto been to the active sexual life of the child. Tolerance for the sexual life of the child, this is not perversity, but a succession of normal stages in development. The precocity of children and the promiscuity of adolescents might, he suggests, lead to a more satisfying sexual life for the adult. We want greater freedom in our sexual life ; children should not be forced rapidly into nursery cleanliness, infantile and adolescent masturbation should not be frowned upon ; the sexual play of young children—between brother and sister and friends—should be encouraged rather than suppressed. He does not say whether this should extend to the sexual desire of the child towards his parents. Dr. Money-Kyrle quotes the views of anthropologists that there is less repression among primitive people than among the Europeans and Americans. The sociologists will reply—have indeed replied—do you want civilization to remain at the level, say, of the Arunta tribes ? They maintain, incorrectly, I believe, that civilisation owes its advance to the sublimation of the erotic impulse, and that it would be a retrograde step to tolerate the practice of the child's sexual desires. This pays insufficient attention to the aggressive impulses and to the liberation that might follow if the rigid code of the archaic super-ego (repressed) could be broken down.

In some other reforms that Dr. Money-Kyrle advocates—wisely advocates—he does not seem to allow sufficiently for the psycho-analytic bases. He maintains, for instance, that ' in this country the main cause of the opposition to birth control and to sterilization appears to be a prudish attitude to sex '. Agreed that there is this prudish attitude, agreed that the puritan regards all copulation as an unjustifiable indulgence when there is no intention to beget. But analysis has shown us most certainly the deeper meaning of this opposition. We know that infantile fantasies of begetting a child with the father or the mother are persistent and universal. This accounts so largely for the desire to have a child in fantasy life ; perhaps the child will be the longed-for result of coitus with the parent. Besides, to the male and to the female, every child furnishes positive proof that he (she) is not castrated, is indeed virile. Your children shall be as numerous as the sand on the seashore is a persistent fantasy, against which reasoning is often vain ; the real deep opposition is often masked by puritanical or religious objections. And not infrequently those who practise contraceptive methods or advocate them do so only through a deeper repression, which, of course, may be

all to the good from the immediate sociological point of view. Much the same applies to abortion; the common-sense advocates of abortion overlook the not infrequent sadistic impulses behind the desire to be rid of the child; sadistic impulses on the part of the mother and the father. These contentions are, of course, not intended to support the opposition to abortion or contraception, but only to point out the psycho-analytic interpretation of the objections. Much the same may be said of sterilization; to both the advocates and the too emphatic opponents, sterilization is a deflection from castration desires to brothers, sisters, sons, daughters, or is a masochistic impulse. The advocates have positive desires and the exaggerated opponents negative desires. Biological and clinical knowledge does not lend much support to sterilization as a remedy for mental deficiency. Moll showed long ago that mental defective stocks tend to disappear much sooner than other stocks. Biologists—see for instance Hogben or Jennings—contend that there is no certain evidence that mental deficiency is inherited. Every medical man knows of mental defectives born from normal persons with the other children perfectly healthy. What is required is medical research—including psychological research—before resorting to such simple methods as sterilization. Abraham Lincoln's father would rank to-day as a moron and his mother was certainly illegitimate and probably tuberculous. The eugenist to-day would have such a man as Thomas Lincoln sterilized and would have segregated the mother, Nancy Hanks. I think the world would have been poorer had this unhealthy couple not begotten Abraham Lincoln.

When Dr. Money-Kyrle deals with economic problems he becomes too one-sided. Psycho-analysis has something to offer, but other scientific disciplines must also be allowed their say. He thinks, for instance, that it is group paranonoia that prevents the trade-unions from accepting wage reductions; group paranonoia, in his sense, is certainly a factor, but there are international paranonoias. Suppose the British working man had accepted wage reduction, it is fairly obvious that rival nations—Germans, Japanese, and so on—would have insisted on further reductions. We should be reduced to the farmer who thought it could not matter to take an oat a day from his horse's feed; he did so until he had reduced the feed to a single oat a day, and then the horse died.

Dr. Money-Kyrle has written a gay and diverting little book, and if he occasionally omits his psycho-analytic foundations, who shall blame him? He is endeavouring to find a way out of the slump—economic and social. Much shall be forgiven one who has some positive advice to give, even if the advice does not always meet with the pessimistic views of an old psycho-analyst. Certainly less suppression and repression of love is an immediate desideratum.

M. D. Eder.

The Technique of Psycho-Analysis. By Dr. Hans von Hattingberg. Translated by Arnold Eiloart, B.Sc., Ph.D. (The C. W. Daniel Company, London, 1932. Pp. 136. Price 5*s.*)

Not always, but often enough, Bernard Shaw's epigram proves true: he who can does; he who cannot teaches. I did not suppress this free association when thinking of this book. It is really rather a scandal that a book with this title should be published by an author who is evidently unable to discriminate between the way in which psycho-analysis acts and the opposite aims to which other methods devote themselves. We are presented here with a confused farrago in which all imaginable methods are jumbled together; at one stage of the 'analysis' we move on to hypnosis, and then pass to something else, and so on.

The opportunities for training in psycho-analysis are grouped into four: (a) 'Freudian school'. The Berlin and Vienna Institutes are mentioned, but no others. (b) Dr. Stekel. (c) Dr. Jung. (d) Dr. von Hattingberg. Dr. Adler is mercifully omitted. In the short bibliography I read with astonishment that *The Ego and the Id,* which actually was translated by Mrs. Riviere, was translated by E. Jones of Tavistock Square.

It is all a great pity, since the author is far from being ungifted, and has an interesting style in presentation.

E. J.

*

Psycho-Analysis and Neuroses. By Dr. Hans von Hattingberg. Translated by Arnold Eiloart, B.Sc., Ph.D. (The C. W. Daniel Company, London, 1932. Pp. 192. Price 7*s.* 6*d.*)

This critique of the theoretical basis of psycho-analysis suffers from two serious defects. Dr. von Hattingberg almost ignores the work of the last fifteen years; the formation of the ego and the super-ego, the relation of agressive to libidinal impulses. He refers in passing to the ego-ideal as being formed 'if the child-like idealism is disillusioned'. It is unnecessary to deal seriously with this jejune and belated criticism of psycho-analytic theory. The original German is no doubt ponderous and involved, but this hardly excuses a translation which is oftentimes almost unintelligible. I do not refer to the occasional incorrect rendering of technical terms; for instance, Freud's ES is translated by IT instead of the word ID accepted in psychological literature. But there are too many sentences like these: '*Secondly,* the course of the attack as a self-heightening to and fro, with the movement growing stronger and the intervals shorter to the climax, which is succeeded by the relaxation' (p. 44). 'And eroticism manifests especially in that the evacuation and especially the retention of the stool causes pleasurable sensations,

and also in that a special pleasure tinged interest is directed to the defæcations' (p. 116). We are now accustomed to a high standard in translations from German scientific works.

M. D. Eder.

*

Sin and the New Psychology. By Clifford E. Barbour, Ph.D. (Edin.). (George Allen & Unwin Ltd., London, 1931. Pp. 224. Price 6*s*.)

The purpose of this book is to show that 'there is no real conflict between the new psychology and Christianity. Psycho-analysis has merely added the weight of its evidence to the eternal truths originally revealed in the life and teachings of Jesus'. This conclusion will come as a startling novelty to psycho-analysts, who will wonder how they could have overlooked such a surprising effect of their researches. Whatever else one may say about this book, however, one cannot accuse its author of losing sight of his object; he has followed it unswervingly at any cost to logical consistency and clear terminology.

The book shows the faults common to arguments that must reach a pre-determined conclusion. The author's premises are his conclusions and consist of an unquestioned acceptance of Christian theology together with the perfection of the ideals of Jesus Christ. These premises are not examined in the light of any new psychology; Dr. Barbour's interest in psychology is limited to demonstrating the essential similarity between sin against God, which consists in separation from Him, and psychic evil, which is lack of harmony in the self.

The author's presentation is extremely ingenious, and is a good illustration of the disarming way in which a certain school of psychologists have managed to nullify the essential nature of the unconscious by making an apparently impartial selection and mixing of the so-called 'truths' presented by the different schools. To quote the author: 'A more reasonable psychology has been developed under W. H. R. Rivers in England, and Morton Prince and William McDougall in the United States. . . . It is an eclectic metapsychology built upon the foundations of Janet and Freud, but using in its construction the contributions of Jung, Adler, and Steker, as well as the social theories of Trotter and McDougall. . . . It is here that the future of psychology rests. Here is no fanaticism, no suiting of new developments to old theories, no bigotry, no limitation. Here is broad-minded acceptance of all new real discovery, and here is progress.'

Needless to say, the new psychology as expounded by Dr. Barbour has only the remotest nodding acquaintance with the structure of the mind as understood by the psycho-analyst. A few instances suffice to illustrate this statement. The author rejects Freud's definition of the unconscious as too narrow, and offers us instead Jung's conception.

'The unconscious is "that part of the mind whose contents are not directly accessible to consciousness" . . . This comprehensive definition includes forgotten material lost in a normal way, as well as repressions. In addition there exist associations in the unconscious that are the inherited equipment of the race.' By thus including in his definition of the unconscious everything that has ever been said about it, Dr. Barbour is able so completely to ignore any aspects unfavourable to his thesis that he can make the following naive statement: 'The unconscious impulse always presents its suggestion with the support of some motive or end to be desired. It offers to consciousness not only the urge to act in a certain way, but accompanies the suggestion with arguments for the reasonableness and wisdom of such an action.' He seems to think, moreover, that the conscious mind has the power to decide for itself how to sublimate an unconscious impulse which does not seem to it quite suitable for undiluted admission to consciousness. Briefly, in the author's opinion the mind is so constructed that amicable arguments may take place between the conscious and an unconscious which presents to it various impulses, not as commands but as suggestions. The term 'unconscious' thus ceases to have any meaning whatever.

An essential step in the author's exposition depends on the similarity he finds between transference and faith. The following quotation will make clear his utter misunderstanding of the former. 'It is certainly not sex love, nor is it merely cold respect. It is a warm devotion, a tender affection which begets deep faith. . . . The perfect transference in psycho-analytic treatment has been made when the patient lives his entire life according to what he conceives to be the will of the analyst. Likewise the transference upon Christ has reached its highest possible stage when we can say with Paul, "It is no longer I that live but Christ liveth in me".'

Innumerable quotations of this sort might be cited; enough has been said to show that the author has nothing of value to say to the psychologist. On the other hand, it is possible that this book might have a certain value to the ignorant or intolerent layman. It stresses the uselessness of dealing with sin by repression; its attitude towards the sinner is on the whole nearer to that of the doctor to a patient than to that of the Calvinist preacher to the transgressor. Finally, it is perhaps noteworthy that this author from the ranks of orthodox religion has been enough impressed by psycho-analysis to attempt to minimize its power by arduously fitting it within his scheme.

Elizabeth Rosenberg.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ANNA FREUD, GENERAL SECRETARY

REPORT OF THE TWELFTH INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS

The Twelfth International Psycho-Analytical Congress was held at Wiesbaden from September 4 to 7, 1932, under the presidency of Dr. Max Eitingon.

In spite of various reports received to the effect that both the time and the place would not be favourable for a scientific conference, the proceedings went off very smoothly and the meetings were most stimulating. Naturally there was a somewhat smaller attendance than at the last few Congresses; nevertheless, as many as 119 persons were present, of whom 59 were members of the Association and 60 were guests. On the evening before the meetings began, September 3, those who had already arrived for the Congress were welcomed by the German Psycho-Analytical Society. On the afternoon of September 6, when there was no meeting, everyone took part in a delightful expedition on the Rhine, from Mainz to the Lorelei Rock.

The management of the Wiesbaden Spa extended, as is their practice, a kindly welcome to this Congress, and thanks are due to Dr. and Frau Landauer for the thoughtful care and skill with which they arranged for comfortable accommodation for the members.

Opening of the Congress

The President, Dr. Max Eitingon, opened the Congress on Sunday, September 4, at 9 a.m. at the Small Assembly Hall of the Kurhaus with the following address:

'I wish to thank all those present for having come to our Congress in spite of all the difficulties in their way and the distress and exigencies of the times. The Twelfth International Psycho-Analytical Congress, for which we have assembled here to-day, is taking place a year later and in another place than had been decided at our last meeting, held at Oxford in July, 1929. As you all know, the present Congress was to have taken place in Switzerland, at Interlaken, at the beginning of September, 1931. In July of last year the economic situation in Central Europe suddenly became vastly worse and nobody could then foresee how rapidly it might develop or what its effects would be. The Central Executive therefore thought it advisable, though it was very loth to take the decision, to put off the Congress for a year. Although the preparations were already well

advanced, we postponed it to the beginning of September of this year, still intending that it should be held in Switzerland, at Interlaken. However, at the beginning of this year various local Societies requested the Central Executive, in view of the fact that everywhere the economic situation was growing steadily worse, to choose a " cheaper " country for the Congress than beautiful Switzerland. Though the Central Executive was for many reasons very reluctant to do so, it complied with the wishes expressed in many quarters and decided (somewhat in the spirit of Heine's: *Nun wohin?*) to hold the Congress in Germany. The South-West German Psycho-Analytical Study Group then invited us to Wiesbaden.

' As I have said, we were very reluctant to give up Switzerland. We had been greatly gratified by the invitation of our Swiss colleagues to hold the Twelfth International Psycho-Analytical Congress there, in the country which for many of us older analysts was the cradle of our existence as analysts. And, as you know, at the suggestion of our Swiss colleagues, we had chosen Interlaken as the place in which to meet. There was a meaning in this choice. Places, too, have a symbolic value; when we chose Interlaken after Oxford or Interlaken instead of Wiesbaden, it was not a matter of chance or of the compulsion of external conditions and circumstances, such as prevented us from meeting last year and this year have brought us to hospitable Wiesbaden. Interlaken symbolizes the conscious policy of the psycho-analytical movement. Many of you will perhaps remember that we regarded it as one of the numerous signs of the changed position of psycho-analysis in the scientific world that the last Congress met in Oxford: we felt that we too should gradually be able to change our tactics in regard to the choice of meeting-places for our Congresses. But only gradually! The beautiful town where we are meeting this year is famous as the place of assembly of both German and International societies. The German Congress for Internal Medicine, the Congress of German Biologists and Physicians, the members of many German and international learned societies frequently choose Wiesbaden for their meetings. It is thus an important junction for the great highways of official science, which we still prefer to eschew and shall continue to eschew, even though the attitude of the scientific world towards us has so greatly changed and though our Congresses can now look back over a quarter of a century since our first conference at Salzburg in the spring of 1908. When we met at Innsbruck in 1927, I conveyed to you our revered leader's reply to our congratulations on the occasion of his seventieth birthday, on May 6, 1926. He warned us " not to over-estimate the success which seems to be beginning to crown our work and the recognition which at last is being accorded to psycho-analysis ". And in a circular letter addressed to our Societies this Easter, prompted by the straits in which the *Internationaler Psychoanalytischer Verlag* finds itself, Freud once more bade us not to let ourselves be deluded

by the apparent slackening of hostilities against analysis, for the improvement was rather one of tone than of essential character, rather *modo* than *re*. For a long time yet it would be necessary for analysts to hold together, to maintain closer relations with one another than with the allied groups of neurologists, psychiatrists and practitioners of psychotherapy. Analysts showed least inclination to hold themselves apart only where the distinctive nature of psycho-analysis was least understood.

' In the last quarter of a century, although psycho-analysis has become very widely known and recognized, the criticism and opposition it has encountered have in the main stayed unchanged. Nevertheless in the neighbouring sciences there is in many quarters an inclination not only to tolerate it but to admit it to the republic of sciences, on condition that it shall lay stress on what is common ground, instead of emphasizing its own distinctive method and discoveries. I will abstain to-day from any renewed discussion of our critics and the psychology of their criticism. I will only remind you of one very singular mode of explanation of that distinctive character of psycho-analysis which the world has found so disturbing. This account of its origin recurs again and again in different and ever-widening forms. First the special nature of psycho-analysis was put down to the particular local characteristics of its birth-place, to the peculiar racial psychology of the people of Vienna. No less a person than Pierre Janet once said that Vienna was the only place which could readily provide the conditions for such a theory as that of psycho-analysis. You all know Freud's reply, in *The History of the Psycho-Analytic Movement.* He said that Vienna was not more immoral and certainly not more abstinent or more neurotic than other cultural centres throughout the world. Again, in addition to the reasons of geography and local psychology, temporal factors have also been invoked as an explanation. Psycho-analysis was thought to express a particular generation and its resentments against life, though it would have been easy to observe how many different generations met in a common adhesion to psycho-analysis.

' Finally, the distinctive features of psycho-analysis were put down to the idiosyncrasies of the age which gave them birth, the *fin-de-siècle* spirit, and the specific characteristics of the bourgeoisie in one particular phase of its development. Quite recently C. G. Jung, of Zürich, who twenty years ago was still so much better informed about psycho-analysis, has made a fresh attempt to interpret Freud as a phenomenon of cultural history. He represents psycho-analysis as a reaction to the " Victorian era ", extending this notion, which has proved so useful in the study of modern English history, to the whole nineteenth century of European civilization, " with its hypocrisy, its half-knowledge, its false gushing sentiments, its shallow morality, and its artificial, flabby religiosity." Other critics hold that psycho-analysis is an attack on something far more

secular in scale—in fact, on the whole of Western civilization. With all this, most of these critics find themselves compelled to credit psycho-analysis with great scientific—and therefore intellectual—achievements.

' Psycho-analysis as a form of therapy has fared somewhat better than psycho-analytical theory. It has brought about an astonishing transformation in most physicians' attitude to their patients, and this not only in all psycho-therapeutic work. Here indeed, as the last link in a long chain of development, psycho-analysis with its penetrating insight into its own processes has already been hailed as " the great mother of all psycho-therapy ". For several reasons I shall quote to you an expression of opinion from therapeutic circles: partly because of the very general principle it represents, partly because of the person of our critic, and partly because of the place in which he gave voice to his view. The last Congress but one of the German Society for Internal Medicine was held here in Wiesbaden—perhaps on this very spot—in April 1931. On that occasion Prof. von Bergmann of Berlin, one of our most eminent and gifted German clinicians and specialists in internal diseases, turned against psycho-analysis a formula at present greatly in favour: " It seems to me ", he said in his inaugural address, " that a science of character which does not say ' Know thyself ' but ' Forget thyself and then thou wilt throw thyself open to the riches of the world ' is in general the truer irrational pedagogy for the sick ". Very true; but the neurotic who is fettered—indeed, nailed fast—to himself and to that extension of himself, his life history, how shall he forget himself before he has been released from his fixations, that is, before he has been so far freed from himself that he can turn with profit from himself, and in a manner consonant with reality to life and to achievement ?

' Now the primeval mind of man is no mere product of the spirit of a single epoch, and notwithstanding all its vicissitudes, it remains very constant and hard to change. And we are convinced that in psycho-analysis Freud has penetrated infinitely far beyond such limitations of time and place to something essential and permanent in man and in the laws of his evolution. Therefore, even though just in recent days we have incurred in growing measure the profound disapproval of wide bodies of opinion in many quarters, we must yet concentrate precisely on what is specific in our methods and our theory. We must endeavour not to compromise, but to carry analysis forward into a time which, after many crises and uncertainties have been overcome, will be more open and accessible to it. We can look forward to this the more confidently because, as was recently said by one whose testimony we value much in things of the spirit, by Thomas Mann: " Freud's work is the creation of his personality, a work destined to change the world. Approaching from the angle of disease it has advanced deep into the heart of human nature. It has

already entered into our life and into the consciousness of every one of us. It is one of the main foundation-stones upon which the future will be built—the dwelling-place of a freer and more understanding humanity ".'

The President's speech was received with applause. The scientific proceedings thereupon commenced.

First Scientific Session

Sunday, September 4. 9 a.m.

Chairman: Dr. Ernest Jones, London

1. Dr. Sándor Ferenczi: The Emotions of Adults and their Influence on the Development of the Sexual Life and Character of Children.

Previous analytical experience considered and amplified by illustrations throwing a deeper light on the subject. Influence of these findings on our views of the pathogenesis of the neuroses and possibly on certain points in the theory of sexuality.

2. Dr. Paul Federn: The Ego-cathexis in Parapraxes.

(1) Absence of mind, which was formerly regarded as the explanation of parapraxes, is not a diffuse state, conditioned by organic factors only; on the contrary, its occurrence is psychically determined. The state consists of an abnormal displacement between the narcissistic and the object-libidinal cathexis of an object. By self-observation it is possible to discriminate just in the case of parapraxes between these two cathexes of one and the same object.

(2) Since dreams are not subject to any reality-testing, it is not correct to speak of a parapraxis in dreams. Compared with waking thought they represent a whole series of accumulated, coherent parapraxes. But a certain type of incoherence in a dream corresponds to the ego's absence of mind in waking life.

3. Dr. Franz Alexander: The Mutual Relation of Conflicts determined by Structural and by Instinctual Factors.

Distinction between conflicts determined by the structural differentiation of the mental apparatus and conflicts determined by instinct. Examination of the castration complex as expressing simultaneously a structural and an instinctual conflict. Elucidation of these theoretical concepts by means of clinical material. Amplification of the structural formula of the neuroses by the introduction of the instinctual-dynamic point of view.

4. Dr. Ludwig Jekels: The Problem of the Twofold (Manifold) Elaboration of Psychic Themes.

(*a*) In dreams it very often happens that one and the same theme appears in two totally different guises. This may be seen specially clearly in dreams occurring during the same night and thus having a content

which is completely homogeneous and represents a single whole (illustration).

(*b*) Occasionally a psychic theme expresses itself similarly by means of a twofold parapraxis (illustration).

(*c*) In the author's opinion, far more importance should be attached than has hitherto been done to this phenomenon of ' twofold elaboration of theme '. He has found it to be a law of dramatic production that in dramatic creations the fundamental theme is always without exception represented at least twice over, the one form being nearer to consciousness, and the other more remote from it. That is to say, it is represented simultaneously in a direct and a disguised form (illustration).

Psycho-analytical literature has so far accounted for the phenomena (*a*) and (*b*) solely in relation to the intensity of the cathexis. As an explanation this seems to the writer incomplete and therefore inadequate, and this paper is an attempt to derive the phenomenon from ego-structural and metapyschological factors.

5. Dr. Maxim Steiner: What does the Specialist in Sexual Diseases owe to Psycho-Analysis ?

In the pre-psycho-analytical era the attitude of society towards the specialist in sexual diseases may be said to have been one of disparagement, which in turn made his relation to his patients more difficult. As the direct result of Freud's pioneer work, such a change has come about in the general attitude to the sexual problem that the position of such physicians has radically improved. The new knowledge has liberated large sections of society from the fetters of former sexual repression, making it possible for people to acknowledge their sexuality courageously and leading to a new and better sexual morality. Even from a merely external standpoint, this change has shown itself in the practice of the specialist in sexual diseases in two ways :

(1) There has been a diminution in venereal disease, because the ground is now prepared for truer enlightenment and still more because men are no longer obliged to confine their sexual activities to intercourse with prostitutes but are tending more and more to find partners whom they esteem.

(2) The specialist's practice shows a *relative* increase in sexual disturbances, which may be explained by the fact that people are no longer afraid to confess to such maladies and further that, since the new knowledge has become popularized, they have a reasonable hope of having such disturbances successfully treated.

Far more important, however, than the factors mentioned is the attitude which the physician has acquired through psycho-analysis to the practical problems encountered in his consulting-room. The writer selects certain specially instructive types and discusses them in greater

detail with the aid of illustrations. They are as follows: the sexual neurasthenic, the sexual hypochondriac, certain characteristic phobias with a sexual content, the adolescent in the difficulties of puberty, the psychically impotent man, the frigid woman, a specific sexual disturbance in men at an advanced stage of monogamous married life, the disturbances of the climacteric, the sexual perversions. This whole field, formerly the *partie honteuse* of medical practice and the happy hunting-ground of the wildest charlatanry, has, through psycho-analysis, become the most fruitful field of work for the specialist in sexual diseases.

Second Scientific Session

Sunday, September 4. 3.30 *p.m.*

Chairman: Dr. S. Ferenczi, Budapest

1. Dr. Ernest Jones: The Phallic Phase.

Definition. Chronological position. Relation to sex conflict. Derivatives in the oral phase.

2. Dr. Jeanne Lampl de Groot: Vicissitudes of the Instincts in the Development of Women.

An attempt to trace the development of the libido and of the instinct of aggression in early childhood, with special reference to the vicissitudes of libidinal strivings whose goals are active and passive respectively. The significance of these differently directed portions of libido for the later development of the woman; its rôle in the process of super-ego-formation (illustrations).

3. Dr. Ruth Mack Brunswick: Observations on Male Precœdipal Sexuality.

Definition of the œdipal and precœdipal phases. Comparison of œdipal and precœdipal attachments in the male. The influence of the precœdipal attachments of the male on the formation of neuroses.

4. Dr. Hans Behn-Eschenburg: Contributions to the Pre-history of the Œdipus complex.

Direct continuous observation of growing infants and certain of the findings of child-analysis seem to lead to hypotheses partially different (in reference to object-discovery, identification, super-ego-formation and the Œdipus complex) from those suggested by the retrospective clinical observation which characterizes the therapeutic psycho-analysis of adults. The observation and analysis of children seem to indicate that the decisive mental processes take place at an earlier age than was hitherto believed. A contrast and a synthesis are attempted.

5. Dr. Ernst Simmel: Pregenital Primacy and the Intestinal Phase of Libidinal Organization.

A comprehensive survey of clinical observations of the existence and lasting influence of a first post-natal phase of libidinal development—the

so-called *intestinal libido*. Since 1921 I have made various specific communications on this subject to the German Psycho-Analytical Society and the Congresses of the International Psycho-Analytical Association. The establishment of a first intestinal libidinal organization confirms Freud's view (in his ' Predisposition to Obsessional Neurosis ') that, before the genital primacy is definitively achieved, an *organized* grouping of the pregenital component instincts takes place, and it extends his notion of an *anal-sadistic* organization of the component instincts by showing that the anal-sadistic pregenital primacy is the modified derivative of a *more primitive intestinal primacy*. The intestinal phase of libidinal organization comprises all the instinctual demands associated with the intestinal zone. Ego-libido and object-libido, still inextricably fused with one another, are identical with or may be represented by organ-libido. This intestinal organ-libido serves to re-establish in the *post-natal* period the pre-natal libidinal equilibrium, the intrauterine state of primary narcissism to which birth has put an end. Only under pressure of the compulsion to find an object does this intestinal demand become differentiated, where its terminals touch the outside world, into the oral and the anal zone. The intestinal libidinal demand retains supremacy over the whole pregenital libidinal organization, until it is succeeded by or transformed into genital primacy. The intestinal primacy remains within the realm of the primal repression (cf. the author's paper read at Salzburg and entitled : ' The Psycho-Physical Significance of the Intestine for Primal Repression ') and only became accessible to scientific observation after the processes of excitation along the whole intestinal tract came to be regarded as a manifestation of the primal repressed. One such manifestation is the rumbling which takes place in the intestines. Thus, from the outset the intestinal libidinal function has, from the point of view of the libidinal economy, the character of an act of reparation : it has to make good a deficit in ego-libido by means of instinctual demands on the outside world. In traumatic disturbances of *this* process of reparation we have the fixation-point, or point of attraction, for subsequent regressions ; this applies specially to organic diseases and psychoses, which for this reason may be interchangeable.

Analogously to the fundamental biogenetic law, the process of structural formation of the psychic ego repeats the physical building up of the individual. Following the lines of physical development, the intestine is the primary organ from which the libidinal excitability of the erotogenic zones becomes differentiated. In their demands on the inner and outer world the organ of respiration, the various parts of the muscular system, the organs of the skin and the senses and even the cerebral function itself range themselves under the *primacy of the intestine*. A phase of mutual auto-erotism, in which the different part-zones come into relation with one

another, precedes the phase of narcissism proper (fixation-point for morbid cravings) which is followed by object-love. The fate of the ego in the phallic phase (Œdipus complex) depends on the economic results of the *auto-erotism which is directed towards an object* (*onanism*). Regression of genital functioning under intestinal primacy (fixation-point of obsessional neurosis).

The importance of intestinal primacy for the process of regression, for the problem of introjection and for the phenomena of de-fusion of instincts, ambivalence and the instinct of aggression.

6. Dr. Jenö Hárnik: The First Post-natal Phase of Libidinal Development.

It is shown to be probable that, after birth and before the oral libidinal organization has been established or has grown strong, a short-lived supremacy is exercised by a phase which may be called the phase of *respiratory-intestinal organization* because, in it, the principal zones are the organ of respiration and the digestive tract. The argument in this paper follows rather unusual, synthetic lines. It is based largely on certain suppositions which for some years have been advanced by Simmel on the subject of 'intestinal libido' and on views already formulated by the writer with regard to the dread of death (dying) and of suffocation. Fenichel's findings on respiratory introjection can, however, easily be linked up with the latter hypotheses and are also used by the writer to illustrate the phenomena (so important for a general theory of the psychoses) of this pre-oral phase. An attempt is made to apply Abraham's conception of pre-genital conversion-phenomena—a conception capable of further development with reference to the syndromes: *asthma bronchiale* and *colitis mucosa*. The writer has not resisted the temptation to make use of those elements in the bioanalysis inaugurated by Ferenczi which rest on a secure phylogenetic basis in order to apply to this libidinal phase also the fundamental biogenetic law, as Freud has applied it elsewhere.

Third Scientific Session

Monday, September 5. 9 a.m.

Chairman: Dr. A. A. Brill, New York

1. Mme. Marie Bonaparte: The Erotic Function in Women.

Taking as her starting-point Freud's classification in his latest work on feminine sexuality, the writer discusses the case of those women who have not given up their masculinity. Such women, although they succeeded in childhood in changing their love-object, i.e. in turning from the mother to the father, generally retain the phallic organization in respect of the erotogenic zones. That is to say, they become hetero-sexual, but the clirtoal zone remains obstinately the dominant one. Obser-

vation of such cases suggests certain very important biological problems connected with the fundamental bisexuality of human beings. It is to the examination of these problems that this paper is devoted.

2. Miss Mary Chadwick : Notes upon some Psychological Disturbances connected with the Menstrual Cycle in Women.

Section I.—Historical

(*a*) From earliest times, the menstrual period in women has been surrounded with the idea of horror and guilt, leading to strict taboos and an endless number of strange superstitions, many of which survive to the present day.

(*b*) Among the writings of ancient medical men, Galen, etc., we find references to psychological disturbances in women that were noticed to be of periodic occurrence, and which were attributed to the wanderings of the uterus about the body and to the phases of the moon, without, however, any apparent notice being taken of the fact that the woman's menstrual cycle and the lunar cycle were of the same length, namely, twenty-eight days.

(*c*) It is interesting also to observe in mediæval history the part played by the psychological disturbances in women which were attributed to the influence of witchcraft and the presence of witches. If we investigate the characteristics of the witches, and the symptoms of their mental disorders, we find a startling similarity between these and those which make their appearance in women at this time, or which are then accentuated, especially in older women and those nearing or undergoing the transition of the menopause, when they often show themselves in an exaggerated form.

Section II.—The Menstrual Cycle in Childhood

(*a*) How soon can we discern the menstrual cycle in the life of the little girl, and by what symptoms may we recognize it ?

(*b*) What influence does some knowledge of this phase in the life of the adult woman usually have upon the mental life of the child, how is this information usually acquired, and what results may emerge from it in later life ?

(*c*) The onset of puberty and the appearance of the menstrual flow awakens former guilt and phantasies of castration and death to the child, with hostility to the mother and love for the father, normally, but occasionally this will be reversed. What influence may this have for the subsequent nervous development of the adult woman ?

Section III

(*a*) Psychological disturbances, phenomena of inter-related physical abnormalities, and typical symptoms that we may find in young female adults, connected with the experience of the menstrual cycle, their connection with related traumata of childhood and survival of primitive, unconscious guilt concerning the menstruum.

(*b*) Those associated with the older woman and those who are approaching or going through the ordeal of the climacteric.

(*c*) The interruptions these may cause to the continuity of daily life, family, marriage or social relationships, and the general physical health of the woman.

NOTE.—*The material upon which this paper is based has been taken from various books dealing with the history of the subject, and articles dealing with the subject in psycho-analytic literature, the psycho-analysis of children and adults, as well as former experience in the general or gynæcological wards of our hospitals.*

3. Anna Freud: Neurotic Mechanisms under the Influence of Education.

Some examples of the interaction between inner and outer world in the development of infantile neurosis.

4. Dr. Richard Sterba: The Fate of the Ego in Analytic Therapy.

In analysis the analyst subjects the patient's ego to a particular experience. He induces a cleavage in the ego, the formation of an island within it. This occurs partly as a repetition of the processes which took place when the super-ego was being formed. By the opposition of these portions of the ego to the instinct-governed activity of the transference and the defence against it the subject is enabled to master these quantities of energy and to incorporate them in the dominion of the real ego on the basis of its ' synthetic function '.

5. Dr. Theodor Reik: New Methods of Analytic Technique.

Description of the relation between the technique of analytic research and that of analytic therapy; the contrast between the intellectual and the affective way of taking cognizance, as it arises through different modes of interpretation. The essence of effective analytic technique is not so much the fact of becoming conscious as the affective surprise of the patient. The writer takes as his starting-point a concept which, some years ago, he made the subject of a psychological discussion (*Der Schrecken*), namely, the concept of surprise as a psychic reaction to the confirmation of an expectation which has become unconscious. A new and hitherto unappreciated element in surprise—the economic factor—results from the saving in inhibition. In analytic practice we find that the only knowledge which, when conveyed to a patient, has any psychic effect on him is that which has this character of a surprise. (Comparison with the technique of the short circuit by which incandescent lamps are lit.) It is an unexpected discovery that the dynamic and economic nature of this surprise, its character as the confirmation of a repressed expectation, justifies a comparison of analytic therapeutic technique and that of wit. (Freud's remark that he came to investigate the problem of wit because his interpretations of dreams produced such a ' humorous ' impression.) Further,

the insight which emerges must be a surprise not only to the analysand but also to the analyst. Analytical discussion of the passage from the analyst's unconscious interpretation of the psychological material presented during analysis to conscious insight. Comparison with the psychogenesis of wit (the rescuing of the product from submersion in the unconscious). The economic and dynamic effect of surprise in abolishing cathexes in the patient. Concept of the amplitude of the experience and the subsequent psychic effect of knowledge analytically acquired. Psychological understanding springs from a reservoir of knowledge which has passed into the unconscious and is a result of personal suffering that has borne fruit. Analysis represents a chain of psychological surprises both for patient and analyst; the unconscious of the latter has the function of an organ (the eye or ear). The rôle of terror (Freud: *Gedankenschrecken* [' terror of thought ']) in analytic treatment.

Practical conclusions and clinical illustrations: the method of testing and verifying surprising analytical discoveries thus made. The analyst's self-criticism and self-analysis. Inferences with reference to the problems of control-analysis; other methods of analytical training, their advantages and disadvantages. The importance of ' a good ear ' for what goes on in the mind; its dependence on the fruitfulness of the analyst's personal suffering; its rôle in analytical training.

6. Dr. Michael Balint: Character-analysis and New Beginnings.

The problem of the susceptibility of character to influence by psychoanalytic treatment. Character as a petrified form of reaction or action. Restriction of the possibilities of love and the capacity for love. Causes of ' petrifaction ' or restriction. Regression and repetition. The breaking-up of the ' petrifaction '. New beginnings. Cure of diseases and character-analysis, illustrated by training analyses and cases of so-called organic disease.

Fourth Scientific Session

Monday, September 5. 3.30 *p.m.*

Chairman: Dr. P. Federn, Vienna

1. Dr Helene Deutsch The Psychology of Manic-depressive States and, in particular, of Chronic Hypomania.

A psychological study, based partly on clinical and partly on psychoanalytical observations, of various forms of manic-depressive insanity, with special reference to intermediate states, such as those of irritable depression and the so-called ' irritable mania '. The subject is considered principally from the economic and dynamic standpoint. The clinical picture takes its colour from the type of defence-mechanisms resorted to by the ego against the destructive forces. The process of defence is determined by the extent to which ego-development has held its ground against the impetus towards instinctual regression.

In certain melancholic forms of disease mechanisms of projection are set in motion at a narcissistic signal within the ego, in order to protect it against severe intrapsychic tension. These mechanisms impart to the clinical picture the character of an active battle with the outside world; the depression even takes on little by little a paranoiac tinge. To illustrate this point, passages are cited from the diary of a psychotic patient who, after the real death of her love-object (her husband), immediately passed from an unmistakable periodic melancholia into delusions of persecution. The analytical meaning of these extracts is irresistible.

Light is thrown on manic conditions especially by those cases in which the preceding depressive state was either very slight or even displayed the above character of an aggressive struggle with the outside world. In such cases the defensive forces of active projection are succeeded by a *mechanism which is specific for mania*. This is the mechanism of *denial*, by which the ego attempts to cancel the narcissistic injuries which it has sustained and behaves as if these had never existed or had subsequently been made good.

Such denial renders aggression against the outside world unnecessary and protects the subject from its reactions to loss and from the punitive severity of the super-ego. If a melancholic phase goes before, with its activities of punishment and expiation, it will assist the mechanism of denial to function, will make it more pronounced and will impart to the mania the familiar character of triumph.

There can be no doubt that the hyper-functions of the ego in the manic state remain unproductive in respect of both the positive libidinal attitude towards objects and the numerous attempts at sublimation which it makes. For here the whole psychic energy is morbidly employed in attempting to solve the subject's inner conflicts.

Description and definition of chronic hypomania as a phase of character and as an individual's general attitude towards life. Analysis of a patient whose mental state corresponded to this definition revealed that the mechanism of denial constantly dominated her mental processes. Her permanent euphoria was the result of a denial of all life's disappointments and so, at the same time, of her own aggressive behaviour. The ego, in making this denial, could luxuriate in narcissistic satisfaction, with the thought: ' How kind I am ! ' and could entice the super-ego to be specially lenient. Here too the psychic sterility of the subject, a woman of great intellectual gifts, was noteworthy.

In the projection-mechanism of rebellion the ego has at its disposal forces acquired in the late oral and sadistic-anal phases of libidinal development. The mechanism of denial is an acquisition of the phallic phase and, in analysis, it is often encountered in the struggle with the castration complex. In female patients it is particularly easy to discern. Here we

have the explanation why kleptomanic impulses are so common in manic conditions, for we know that such impulses are designed to make good a lack of possessions, which is thus denied.

2. Dr. Sándor Radó : The Constellation of Motives in Depression.

An endeavour to demonstrate the narcissistic meaning of depressive states and to disentangle the two series of motives determining them, i.e. the narcissistic and the aggressive factors.

3. Dr. Edoardo Weiss : Bodily and Mental Pain.

There are certain dreams in which mental pain represents physical pain and *vice versa*. The substitution of mental for physical pain is brought about by the withdrawal of the libido from the boundaries of the bodily ego and the consequent disappearance in the dream of bodily ego-feeling (Federn). For in dreams no such feeling occurs, unless the dreamer has an hallucination of a special body. Localized bodily pain presupposes a feeling of a bodily ego.

This statement appears to be contradicted by our experience that bodily pain as such can occur in dreams. But here we must distinguish two different cases : (*a*) dreams in which the pain corresponds to a state of organic irritation, and does, so to speak, actually exist, and (*b*) those in which the bodily pain is merely dreamt, i.e. does not proceed from any organic irritation. When an actual bodily pain makes its appearance in a dream, we may perhaps assume that, in consequence of the strength of the organic irritation, the sleep is not deep and therefore a certain feeling of a bodily ego is present, even though it be defective. But if there is no condition of organic irritation corresponding with the pain in the dream, then that pain may be taken to represent a latent content, e.g. some mental pain. There follow some observations on the origin of mental pain as such, on analogies between the oneiric transformation of mental into physical pain and hysterical conversion, and on the relation between mental pain and mental suffering : the former is connected with object cathexes, the latter more with narcissism.

4. Dr. Charles Odier : Notes on a Case of Severe Neurosis in which the Œdipus Complex was Absent.

The patient was a man of forty who had passed through phases of almost melancholic depression (with attempted suicide), occurring at regular periods. To the doctors consulted, this periodicity seemed suggestive of cyclothymia.

Analysis revealed a masochistic fixation to a (probably neurotic) nurse whom the patient had as a child. From the time of his birth he had been entrusted to her sole care. His parents were advanced in years when he was born and he himself was much younger than his brothers and sisters. The interest of the case lies mainly in the fact that the patient, a very intelligent man, was familiar with psycho-analytical theory and the

libidinal development of children. Making use of this knowledge, he produced for a long time pseudo-Œdipal material, which he employed very skilfully as a resistance.

5. Dr. Ernst Schneider: The Psycho-Analysis of Tics.

Case-history and analysis of a patient suffering from tic. Posture and bodily movements and their determinants. The psychology and pathology of bodily movements; their place in the scheme of psychological and biological evolution and in the ' phases of libidinal development '.

Fifth Scientific Session

Wednesday, September 7. 9 a.m.

Chairman: Dr. P. Sarasin, Bâle

1. Miss M. N. Searl: The Psychology of Screaming. (Read by Mr. James Strachey.)

The scream, as a way of meeting danger, ontogenetically earlier than flight. The first baffled rages, the first situations of internal dissension. The metamorphoses of the scream.

2. Dr. Edward Glover: The Relation of Neuroses and Perversions to the Development of Reality Sense.

Ferenczi's classical approach to the problem of development of reality sense combined two sets of inferences: (*a*) from the (behaviouristic) observation of children, (*b*) from study of mechanisms observed during analysis of neurotic and psychotic individuals.

Recently the problem has been approached through the more direct (analytical) observation of children. In particular the operation of two fundamental factors has been studied in some detail: (*a*) the influence of an optimum amount of anxiety in compelling recognition of reality, and (*b*) the exploitation of libidinal processes to overcome the anxieties of earlier stages, a process which promotes anchorage on reality relations. The value of libidinal displacement.

The reconstruction of development effected in this way can be confirmed by a study of the systematic relations of psychoses and psychoneuroses in the adult. But there are many gaps in this adult reconstruction: these can be filled in to some extent by a study of the perversions. A key position is the relation of perversions to obsessional neuroses. There is need for a developmental classification by instinct components and the obsessional neuroses are subject to subdivision.

3. Dr. Karl A. Menninger: Some Psycho-Analytic Formulations concerning Suicide. (Read by Dr. F. Alexander.)

Suicide is more frequent in literature than its statistical frequency in real life would justify; this is because it is used in fiction and drama to symbolize the self-destructive tendencies which artists intuitively recognize as latent in so many persons. In real life these tendencies in conflict with

self-preservative tendencies result in great numbers of frustrated, incomplete and slow suicides by individuals for whom the solution of reality problems cannot be so simple as a mere ' going away '.

To explain real suicide in this conventional way as merely an escape from an intolerable situation is to err on the side of over-simplification. Suicide is a very complex act, psychologically, determined less by external factors than by internal ones, the latter indeed often acting to bring about the very external situation which becomes intolerable. This disposes of those naïve judgments of the suicide as ' courageous ' if the external factors are obvious, and ' irrational ' if they are obscure.

The analysis of the unconscious motives in suicide is made difficult by the fact that a successful suicide is beyond study, and more specifically because it combines in one act and one actor several accomplishments. It is a death in which we may recognize three elements: the element of killing, that of being killed, and that of dying. Each of these has its own determinants and their proportionate strength may vary greatly.

(1) *The wish to kill* is the familiar introjected death-wish, the acme of destructive aggression in contrast to coitus as the acme of creative agression. It is dictated by (*a*) a primary motive of aggression, stimulated by jealousy; (*b*) a secondary motive of defence stimulated by fear and (*c*) of revenge stimulated by hate engendered by the attack feared; and (*d*) a tertiary motive of erotic satisfaction offered by the sadistic opportunity of the attack. The feared-hated-loved object is incorporated into the ego and attacked.

(2) *The wish to be killed*, the second component, is the extreme form of submission; it unites (*a*) a satisfaction of the need for punishment due to the aggressions just described; and (*b*) a masochistic erotization of this self-punishment. The exhibitionistic satisfactions of suicide which are so well known to the public relate to this masochistic element in the satisfactions afforded in submitting oneself and displaying one's suffering to others.

(3) But these two components could never of themselves overcome the life instincts unassisted, since it is these very life instincts which dictate these attacks. Actual self-destruction is accomplished only when circumstances favour the activation of the death instinct, which then utilizes the above mechanisms to gratify tendencies stronger than the life instinct. Thus we may add as a third component, the *wish to die*, the conspicuous absence of which in some apparently *bona fide* attempts at suicide is not the least convincing evidence of its existence in other cases.

Of great practical importance is a recognition of these tendencies toward self-destruction in their *formes frustes*. Instead of a consciously deliberated, quickly executed, completely and directly achieved act, suicide is more often a slow, oscillating, indirect process, unconsciously

rather than consciously motivated. In the deflecting to other objectives of these unconscious self-destructive tendencies one recognizes the therapeutic aim of psycho-analysis.

4. Dr. G. Röheim : The Primal Religion of Mankind.

The riddle of the Sphinx is the Sphinx itself. Composite figures in mythology. The demons in Central Australia. The primal scene and phallic demons. The wizard in the rôle of spectator. Erection and the practice of magic. The totemistic rite as a representation of the primal scene. Projection and introjection. The belief in demons and totemism. The super-ego. From the primal horde to human society. The specifically human element.

5. Dr. R. de Saussure : The Miracle of Greece.

The ' miracle of Greece ' is the name given by Renan to the tremendous leap forward of Hellenic civilization in the sixth and fifth centuries B.C. This civilization was characterized by research into the natural causes of the phenomena of life, which differentiates it altogether from earlier civilizations, such as those of Egypt or Mesopotamia.

Since Renan, a large number of writers have endeavoured to explain this fact, either by the geographical or ethnological conditions of Ancient Greece or by the supposed influence of Ægean civilization on Hellenic civilization.

To these factors, which seem to us quite secondary, we would add one which appears essential. The social organization of Greece was based first and foremost on the family. Hence, revolutions were directed not so much against the head of a state as against the omnipotent father. They brought in their train a complete individual freedom which facilitated the swift advance of science. The fact that the father of the family wielded civil and religious power made it possible, when once his authority gave way, to achieve a state of absolute freedom of conscience. Since mystical criteria no longer had any value, rational criteria were resorted to.

This seems to be the only adequate explanation on the one hand of the swift rise of Greek civilization and, on the other, of the mysterious gap which separates the civilizations of the Ægean, of Egypt and of Mesopotamia from that of Hellas.

6. Frau Alice Balint : Frustration and Gratification in Education.

Civilization and education. Education as an unconscious adaptation to the requirements of civilization. Education always to the purpose but in general uneconomic. How much inhibition of instinct is absolutely essential for the maintenance of our civilization ? The problem of the necessary inhibition of instinct is the problem of frustration and gratification in education. Analysis, as a process of subsequent correction of what has gone before, cannot answer the question of what would happen if little children were not trained to inhibit their instincts. The comparative

investigation of educational methods under the conditions of different civilizations. The problem of human happiness.

7. Frau Gertrud Behn-Eschenburg: The Relations between Psycho-Analysis and Pedagogy.

Historical development of the relations between psycho-analysis and pedagogy:

(1) The treatment by psycho-analytical methods of individuals whom those responsible for their upbringing hand over to the psycho-analyst because of the failure of the ordinary educational methods to achieve a particular educational aim.

(2) The adoption by educationists of certain psycho-analytical discoveries and insights, in order that they may themselves gain a better understanding of the lesser educational difficulties and may possibly be able to remove or perhaps avoid them.

(3) The attention now paid to the 'psychology of the unconscious', when the fundamental problems of pedagogy are being discussed.

Session of the International Training Commission

Wiesbaden, Hotel Rose, September 5, 1932. 9 *p.m.*

Chairman: Dr. Max Eitingon

The following were present: Dr. Balint, Dr. Behn-Eschenburg, Mme. Bonaparte, Dr. Brill, Dr. Mack Brunswick, Dr. Deutsch, Dr. Endtz, Dr. Federn, Dr. Ferenczi, Anna Freud, Dr. Glover, Dr. Happel, Dr. Hollos, Dr. Jones, Melanie Klein, Dr. Menz, Dr. Müller-Braunschweig, Dr. van Ophuijsen, Dr. Oberndorf, Dr. Radó, Dr. Rickman, Dr. Sarasin, Dr. Tamm, Dr. Weiss, Dr. Zulliger and Dr. Martin Freud (Secretary).

Dr. Eitingon opened the meeting with the following report:

'The International Training Commission was created at the Homburg Congress in 1925 for the purpose of drawing up a uniform scheme of psycho-analytical training in the various societies, two of the oldest of which (those of Berlin and Vienna) already possessed Training Institutes, and above all for the purpose of standardizing the conditions upon which candidates should be admitted for training. A sub-committee appointed for this purpose at the Innsbruck Congress of 1927 did valuable preliminary work but was not yet able to submit to the following Congress, held at Oxford in 1929, a uniform scheme. It was succeeded by a sub-committee elected at Oxford, for the same purpose, consisting of: Mme. Bonaparte, Dr. Brill, Dr. Deutsch, Dr. Eitingon, Dr. Ferenczi, Anna Freud, Dr. Jelliffe, Dr. Ernest Jones (Chairman), Dr. van Ophuijsen, Dr. Sachs and Dr. Sarasin. This sub-committee has, I hope, at length achieved the desired aims in a satisfactory way, and its Chairman will to-day communicate to us the results of their work. To-morrow we shall lay this resul

before the General Meeting, which will adopt it as the standard by which the individual societies will in principle have to be guided.

' Before we enter on the discussion of the Oxford scheme I am glad to be able to inform you that, following on the Institutes at Berlin, Vienna and London, further Institutes have been inaugurated at Budapest and The Hague. Last year a very well-planned Institute was opened in New York and, this autumn, Chicago is following suit and has secured Alexander and Frau Horney as Directors. Furthermore, the Indian Society and the most recently formed Society of all—that of Japan—have already some beginnings towards Institutes.

' It is remarkable to observe how, wherever psycho-analysis is taught at all, there is no longer any uncertainty in our Societies as to the best way of teaching it: they adopt the procedure which in Berlin, Vienna and London has, as it appears, proved so valuable and inspired such conviction.

' From now on the International Training Commission can play an observer's part. It will be careful to note every fresh development which arises at the working centres, it will foster these diligently, and where necessary, submit them to a systematic discussion '.

Dr. Landauer reported on the Frankfurt Institute. He said that in some respects it differed from the other Institutes. In Frankfurt there were only a few analysts and the Institute did not provide any training for therapeutic work. Its object was to supply information about psycho-analysis and to stimulate students to take up the scientific study of the subject.

Dr. Alexander reported on the Chicago Institute. He said that it was too early to speak of a scheme of training. The intention was to model the Institute on those in Europe and especially on the Berlin Institute. A Clinic, run in connection with the Institute, was to provide the clinical material. The grants available were to be used to pay the instructors, on the one hand those who had no other practice, on the other hand those who devoted only part of their time, about four or five hours a day, to the work of training. The candidates' fees would not be paid direct to the instructors but to the Institute. Dr. Alexander asked the opinion of the International Training Commission on the question of co-operation with non-psycho-analytical institutions which deal with allied subjects. Dr. Jones said that he thought occasional co-operation with purely medical institutions was preferable to allowing a non-analytical house-physician to work in the Institute. Dr. Eitingon and Dr. Ferenczi said that they were opposed to the admission of non-analytical specialists to work in the Institute and felt that the *genius loci*, which should be purely analytical, would suffer.

The chairman then called upon Dr. Jones to read the following report

of the sub-committee appointed by the Oxford Congress to draw up *Regulations for the Admission and Training of Candidates :*

REPORT OF THE CONGRESS SUB-COMMITTEE ON ADMISSION AND TRAINING OF CANDIDATES [1]

I. ORGANIZATION.
II. GENERAL CONSIDERATIONS ON THE SELECTION OF CANDIDATES.
III. SPECIAL CONSIDERATIONS ON THE SELECTION OF LAY CANDIDATES.
IV. CONDITIONS ACCEPTED BY A CANDIDATE ON ADMISSION.
V. TRAINING :
  (*a*) Analytical.
  (*b*) Non-analytical.
VI. CANDIDATES FROM FOREIGN COUNTRIES.
VII. CHILD ANALYSIS, ETC.

I. Organization

The sole authorities for dealing with all problems of admission of candidates and of their training, together with any other instruction imparted, are the Training Committees of the various Branch Societies which meet together for consultation at each Congress. No individual analyst has the right to undertake training or the giving of instruction in psycho-analysis without being empowered to do so by his Training Committee. This does not of course apply to the reading of scientific papers or the lecturing at an institution that may form part of a given member's routine duties.

II. General Considerations on the Selection of Candidates

The Training Commissions will use all sources of information available to them, including the data obtained from every interview, to determine the suitability of an applicant. In addition to professional qualifications special attention should be paid to any data bearing on the questions of integrity of character, maturity of personality and stability of ego, and capacity for psychological insight.

III. Special Considerations on the Selection of Lay Candidates

The Sub-committee is of opinion that it would be wiser, for some time at least, to lay down no general recommendations but to leave the rules to be established by each Training Committee. We would only suggest that any set of rules drawn up by a Training Committee should not be regarded as invariably binding, so that room be left to permit exceptions

[1] The Sub-committee consists of : Mme. la Princesse Bonaparte, Dr. Brill, Dr. Helene Deutsch, Dr. Eitingon, Dr. Ferenczi, Frl. Anna Freud, Dr. Jelliffe, Dr. Ernest Jones (Chairman), Dr. van Ophuijsen, Dr. Sachs, Dr. Sarasin.

of specially suitable applicants who may fail to conform to particular rules. At present some Training Committees attach more importance than others to the possession of a University degree, some attach more importance than others to the previous experience of scientific discipline, some attach more importance than others to some form of clinical experience in the broadest sense of the term, i.e. professional contact with people in need of help.

IV. Conditions accepted by a Candidate on Admission

All candidates should on admission be invited to sign an agreement binding them never to claim that they have been trained by a psycho-analytical Institution, or to claim to be qualified psycho-analysts, until they have completed their course of training to the satisfaction of the Training Committee. Lay candidates should in addition subscribe to the promise that they will never engage in independent consultative practice, i.e. that they will receive for treatment only patients who have first consulted a physician and not attempt to share his sole responsibility for the diagnosis and therapeutic indications. It should be explained to them further that this physician remains legally responsible for the whole treatment of the case, so that it is desirable for the therapeutist to consult him in the event of any untoward complication, e.g. of organic or psychotic nature. This Sub-committee unanimously wishes to call special attention to the importance of these rules being strictly adhered to, as much in the interests of lay analysts themselves as in those of the general social and legal obligations prevailing in various countries for the professional care of those in need of therapeutic help.

V. Training

(*a*) *Analytical.*—The curriculum for analytical training, which extends over at least three years, is identical for medical and lay analysts. It consists of :

(1) The training analysis, conducted by an analyst approved of by the Training Committee.

(2) Theoretical Studies. These comprise attendance at a defined series of courses of lectures extending over a period of two years, seminaries, and direction of reading and research.

(3) Practical Analytic Work. Two control analyses extending over at least a period of a year are necessary.

It is highly desirable that opportunity and encouragement be provided for post-graduate study subsequent to qualification as an analyst.

(*b*) *Non-analytical.*—The extent to which non-analytical instruction be provided by the Psycho-Analytical Institutes as distinct from other sources is still a matter of divided opinion and further experience is necessary before pronouncing any recommendation on the matter. It should, however, be the task of the Training Committee to concern themselves

with the opportunities for such studies and to encourage all candidates to avail themselves of them. The subjects of greatest import here are the Development of Civilization, Anthropology, Mythology, Folk-lore and the Evolution of Scientific Theory. In addition, lay analysts need the opportunity for study and practical experience in Clinical Psychiatry, Physiology and, so far as is possible, Clinical Medicine; medical analysts need post-graduate work in Medicine, in Neurology and especially in Psychiatry.

VI. Candidates from Foreign Countries

The members of the Committee are unanimously of opinion that before any foreign candidate is accepted for training the approval of his Home Training Committee be obtained. It will be evident that harmony among foreign branches of the International Association can be obtained only through direct adherence to this positive rule. There is further a strong feeling that such candidates be asked first to apply, either personally or by correspondence, to their Home Training Committee, submitting the necessary data, before their application be accepted abroad. This raises, however, certain practical difficulties, and we feel that the time is not yet ripe to pronounce on it.

VII. Child Analysis, etc.

The Sub-committee has not discussed the questions of the training of Child Analysts, instructions of pedagogues, and lectures to the general public or any special group of it. They would seem to be outside its scope, and they are also in part still too much subject to divided opinion for it to be hopeful at present to attempt to codify any international rules on them.

(Signed) Ernest Jones (*Chairman*).

Dr. Jones moved that the report be adopted.

The greater part of the report was approved without debate. A resolution was, however, proposed by Dr. Helene Deutsch, to the effect that a clause should be inserted fixing the minimum duration of training analyses. This proposal led to a long discussion, in which there took part among others: Dr. Alexander, Dr. Behn-Eschenburg, Mme. Bonaparte, Dr. Federn, Dr. Jones, Dr. Meng, Dr. Müller-Braunschweig, Dr. Radó, Anna Freud, Dr. Eitingon.

Finally Dr. Deutsch withdrew her resolution and it was then unanimously decided to lay the scheme of Dr. Jones's Committee before the Congress for ratification.

Business Meeting

Tuesday, September 6, 1932. 9 *a.m.*

I. Opening

The Chairman, Dr. Max Eitingon, opened the General Meeting. It was agreed to dispense with the reading of the minutes of the previous Congress.

II. Report of the Central Executive

Dr. Max Eitingon read the following Business Report:—

'Before beginning to-day's business report I feel impelled once more to thank all those present for having come here in spite of the difficulty of the situation and, I am sure, at considerable sacrifice. You felt, as we did, that we could not have prolonged the interval between the Eleventh Congress and this without risking loss of contact between the Societies. I now propose to report on the situation in our various branches, and this year I will begin with the United States.

'There psycho-analysis has made the most marked progress: not only has it become more widespread, but the work has been systematically carried deeper. As a result of the fuller development and deepening of the prevailing standard, especially in the matter of training, there has been an increased demand for training analyses, and for this purpose a number of our European colleagues have been invited to America. Dr. Alexander was followed by Dr. Radó from Berlin and Dr. Nunberg from Vienna, and now Frau Dr. Horney and Dr. Sachs are going there. In the matter of admission and training the statutes of the two Societies, the New York Psychoanalytic Society and the American Psychoanalytical Association, have been brought into conformity with the statute of the I.P.A. and the requirements of the International Training Commission. As regards lay analysis the same guiding principles have been adopted, and we may now feel that the labours of the Innsbruck and Oxford Congresses have been crowned with success.

'On October 1, 1931, the New York Psychoanalytic Institute was opened and Dr. Radó was invited, as visiting director, to give the new Institute the benefit of his wide experience as teacher and organizer at our Berlin Institute. He has given courses of lectures and seminars for members and training candidates and has conducted training and control analyses, and all this with such brilliant success that he has been requested to devote himself to the New York Institute for another year.

'A very active group of younger colleagues, who have contributed much to the intellectual life of the New York Society, have founded a new periodical, *The Psychoanalytical Quarterly*, which, it is hoped, will greatly stimulate interest in psycho-analysis in circles which we desire to reach.

'Chicago has followed the example of New York and, this autumn, after very careful preliminary organization, has also opened a Psychoanalytical Institute. For some years past a Board of Trustees, presided over by Mr. A. Stern in Chicago, has been engaged in raising a considerable sum of money, which has made it possible to appoint as directors two such well-known psycho-analysts as Dr. Alexander and Frau Dr. Horney and to give them the assistance of a very well trained medical staff. Thus the work of the new Institute begins under the happiest auspices. The young

Chicago Society is closely associated with the Institute, and the President, Dr. Blitzsten, is a member of the teaching staff of the new Institute. Dr. Brill and I myself are members of the Advisory Board.

'The reorganization of the American Psychoanalytical Association must be regarded as one of the most important signs of the progress of psycho-analysis in the United States. It has now been transformed into a federation of the American psycho-analytical societies, consisting of the old New York Society, and the new Societies of Chicago and Washington-Baltimore, to which such members of the old American Psychoanalytical Association as live in those neighbourhoods have been transferred. The new Association, with its uniform standard of conditions of admission and training, will be a powerful centre for the uniform advancement and the uniform control of the development of psycho-analysis in America and of any new Societies which may be founded there. We are in full accordance with Dr. Brill, the indefatigable protagonist and guardian of psycho-analysis in the United States, when he welcomed the new foundation and its statutes in the following words: "We feel that this new organization is a protection to individual members, to the local Societies and, in fact, to the whole psycho-analytic movement in America". And I believe that the future of our movement will be found to justify the warm thanks which I offer in your name to-day to all those of our colleagues who have taken part in the arduous labours which this reorganization has entailed.

'In the British Psycho-Analytical Society the bulk of the work has been done at the London Institute and Clinic. But signs are not wanting that psycho-analysis is permanently enlarging its borders in England also. Our English friends regard it as an important indication that, after many invitations from various medical and sociological bodies, the very exclusive and highly centralized British Broadcasting Corporation is for the first time preparing to broadcast a number of talks on psycho-analysis, which will be given by Dr. Ernest Jones. The JOURNAL prints over 500 copies and it is surely also very significant that in the last four years 45,000 copies have been sold of Dr. Jones's little book on psycho-analysis, which deals with its subject in a felicitous popular style. The series of psycho-analytical monographs of the JOURNAL is growing, one of the most recent additions containing the results of Roheim's expedition, which our own journal, *Imago*, intends to publish in a separate number. (In the last year or two the Institute has devoted its energies principally to the work of training, but activities of a wider public character are now under consideration.)

'In Germany, as I stated at the last two Congresses, psychotherapy is constantly gaining ground and becoming more widely taught and, with it, psycho-analysis is steadily spreading and meeting with more general acceptance. In the period under review there has been increasing evidence of this fact. Let me illustrate it by a passage written by a well-known

Berlin psychiatrist, in which he discusses the latest, highly orthodox publication by the *Internationaler Psychanalytischer Verlag*, O. Fenichel's work on the theory of the specific psychoneuroses :—" The principles laid down by the author, especially in the introduction, are on the whole enunciated in such terms that even those who are not analysts must find themselves largely in agreement with them. This, for the rest, is an indication of how many of the tenets of psycho-analysis have already become part of the general body of psychiatric and neurological opinion ". You will, however, probably not be surprised to learn that the same critic later adopts a very much less friendly attitude towards the book, when he says : " The whole catalogue of psycho-analytical mechanisms and complexes is present in it ". Thus there is still too much of Freud in psycho-analysis even for those who seem to know how much they owe to that science.

' At the meeting of the German Psycho-Analytical Society, held in Dresden in September 1930, I tried to indicate how, under the influence of a philosophic anthropology with a metaphysical orientation, the more recent methodological criticism of Freud was tending to become ever more abstruse. At the same time the increasingly serious economic and political crisis has of late obscured the interest in psychological problems and focussed it on economic and sociological questions. This is only too natural, but we will hope that it is a phase which will soon pass.

' Refusing on the one hand to be dazzled by the increasing recognition accorded to us and, on the other, to be intimidated by the growing loftiness of a section of our critics (though we realize the magnificence of the heights from which they launch their attacks), the German Psycho-Analytical Society, with its allied groups working in Frankfurt, Hamburg and Leipzig, pursues the psychological path which psycho-analysis has indicated to us. We hold that Freud's work is a sufficiently exacting science, which for a long time yet will have too much to do to allow its foundations to be loosened from within or from without. Like most of the Psycho-Analytical Societies we have always held that our most important task is to consolidate our training, which is so closely connected with research. Soon after the Oxford Congress, the Berlin Institute was able to report on the first decade of its work.

' Since then, as I have said, we have also had to give up a large number of our most valued German colleagues to the American Society : first Alexander and Radó, and now Frau Horney and Sachs. It is not without pride that we have felt ourselves the poorer but yet determined, even with our reduced forces, to hold our ground in the " classical land of resistance to psycho-analysis ", ground of great value but increasingly hard to maintain.

' The Indian Society, which this year celebrated its tenth anniversary,

has tried more rigorously to enforce the principle that all members must have been analysed, and thus from year to year a few such members are added to the roll. In the Indian, as in all the other Societies, this condition prevents a more rapid growth of membership, a fact which we believe to be all to the good. Under the influence of this active little Society a number of scientific bodies is devoting more and more serious attention to the discussion of analysis. One feels one cannot say too much in praise of the services rendered by the President of the Indian Society, Dr. Bose, and also by Mr. Bannerji and Dr. Berkeley-Hill, who are so untiring in their endeavours to disseminate our science in such an isolated field.

'The Hungarian Society has carried on its concentrated work and has further developed its Institute. In these last years we have heard that our friend Ferenczi, from whom in the past we have all learnt so much both in theory and technique, is trying certain technical innovations. Any suggestions by Ferenczi are bound to excite interest and we shall await with eager curiosity the more exact instrumentation of the new melodies.

'Our nearer neighbour, the Dutch Society, is at present wrestling with the old problem: whether to concentrate on the admission of satisfactorily trained members, or to associate itself with the larger psychiatric and neurological societies, which would involve admitting persons less well grounded in analysis.

'The Dutch Society has sustained one great loss, for Professor Jelgersma has retired from the Chair of Psychiatry in Leyden and his successor is not an analyst, so that the platform for psycho-analysis which was being built up in the University of Leyden has been lost. The Psycho-Analytical Institute at the Hague is making progress under the direction of our friend van Ophuijsen, though encountering on its way the many and great difficulties which always beset our institutions.

'From Russia we have had no news at all in the last few years. Probably psycho-analysis does not come within the scope of the Five Year Plan upon which the whole energy of this strange polity is so passionately being spent.

'In Switzerland the situation during the period under review has on the whole been very quiet, after the excitement of the previous period due to the secession of the Swiss Society for Medical Psycho-Analysis (Oberholzer and his followers). Our Swiss colleagues sometimes have the impression, of which however they have no definite proof, that feeling in Switzerland has become less friendly to psycho-analysis. The greatest centre of psycho-analytical activity seems still to be Zürich, where Herr and Frau Behn-Eschenburg are vigorously at work. In Bâle there is less going on and in Berne there are considerable difficulties. Public psycho-analytical lectures are well attended; a very successful course is being given with the help of Aichhorn of Vienna. In the Canton of Zürich there

is at present under consideration a new Public Health enactment, according to which only persons who have passed the Swiss state examinations would be allowed to treat cases of neurosis and psychosis. This would greatly restrict the analytic work of pastors, teachers and psychologists. For the moment, however, the people are for other reasons not in favour of the proposed law and possibly it will not be passed. At present the number of analysts in Switzerland grows but slowly and there, as elsewhere, the question of their successors in the coming generation is one upon which it is not easy to pronounce.

' In the years 1930 and 1931 the French Psycho-Analytical Society has endeavoured to carry its work further by instituting, in addition to the regular meetings, small seminars for the discussion of current analyses (under the direction of Laforgue and Odier) and of the interpretation of dreams (under Dr. Loewenstein). Psycho-analytic work is being pursued with great zeal in a number of medical centres in Paris. Drs. Laforgue, Loewenstein, Odier, Nacht and Mme. Reverchon are carrying on the psycho-analytic treatment of psychoneuroses in Professor Claude's department in the Hôpital Ste. Anne. Dr. Sophie Morgenstern has continued with great success the treatment of children's neuroses in Dr. Heuyer's *Service de Neuro-Psychiatrie infantile* and Frau Sokolnicka has been in charge of the treatment of psychoneuroses in Dr. Toulouse's department at the Hôpital Ste. Anne. Thanks to the devoted zeal of Mme. Bonaparte a further series of Professor Freud's books has been translated into French, whilst we owe to the active spirit of Allendy, Bonaparte, Hesnard, Laforgue and others a number of original works in that language.

' The intensive scientific work of the Vienna Psycho-Analytical Society has been planned, to an even greater extent than hitherto, on a division of labour between distinct groups. In addition to the seminars on technique, on the writings of Freud and on child-analysis, others have been started on the following subjects: specific psychiatric psycho-analysis (leader: Mack Brunswick), analysis of character (leader: Bibring), pedagogy (leader: Hoffer), and an experiment on new lines has been made in a seminar for joint control analysis (leader: H. Deutsch). Aichhorn has given a course on his special subject (difficult children) and, as he invites discussion, these sessions are a combination of lectures and seminars.

' These different groups, consisting of members who can work together in close harmony, meet the need for more profound analytical study and cannot fail in time to have a beneficial effect in their turn on the level of discussion at the larger general metings of the Society.

' In the last few years our Vienna Society has once more had the unique privilege of the meetings, known as extended Council meetings, in which a large proportion of the members take part and the discussions are presided over by our revered master Freud.

'Since Dr. Radó, who has rendered such signal services as effective editor, has been summoned to New York, our principal periodicals have been edited in Vienna. Several joint meetings of the editors and publishers have been held with Professor Freud in the chair. Four members resident in Vienna have been asked by him as Director to undertake the editorial work: Federn and Hartmann of the *Internationale Zeitschrift für Psychoanalyse* and Wälder and Kris of *Imago*.

'The general attitude of the younger generation who have had a scientific training and who take some interest in analysis is divided. It is interesting to note that the cleavage of opinion seems largely to correspond to differences in philosophy of life and political sympathies.

'Everything goes to show that our colleagues in Vienna also are still in the midst of the struggle over psycho-analysis. Of recent years they too have tried to bring this struggle to a conclusion by means of discussions and lectures, seeking to find common ground with representatives of the most diverse schools of thought. You will doubtless be very interested to know that the Vienna Society, like others amongst us, has learnt from experience that, even to-day, the right way for us still is to devote all our energies to advancing the science of analysis in theory and practice, with a full sense of responsibility to ourselves, and to leave it to time to show how many of those outside our circle will be able gradually to accept the teachings of Freud and his school and to translate them into action.

'Now let me turn to those countries in which, though there has long been a keen interest in analysis, a Society has not as yet been formed or is only just in process of formation.

'In Poland, thanks to the exertions of Bychowsky and Bornsztain, analysis has for many years excited considerable interest. A number of teachers of clinical psychiatry and neurology are sympathetic in their attitude towards it. In very many lectures clinical material is dealt with from the psycho-analytical standpoint. At the Psychiatric Congresses held in 1927, 1928, 1929 and 1931, important analytical themes were discussed and formed the subject of some of the principal papers read. Amongst the clinical centres which for years have been fighting the battle for psycho-analysis I may specially mention the Psychiatric Departments of the Jewish Hospital in Warsaw. A group of psycho-analysts has gathered round Dr. Bornsztain, the head of one of these departments. Of late years the medical and psychological journals have published a number of psycho-analytical articles and a series of psycho-analytical books has appeared, by Bychowsky, Bornsztain and others, dealing with theoretical, clinical and applied psycho-analytical problems. In educational circles also psycho-analysis is a subject of much interest.

'Professor H. Schjelderup informs me that, in Scandinavia and especially in Norway, psycho-analysis has made a great stir in the last few

years. It is the subject of lively discussion and, as is the case wherever it becomes fashionable, it rouses resistance both in theologians and medical men. On the other hand, an increasingly large number of people are beginning to study it more seriously. A characteristic fact in Norway is that, so far, the greatest interest in analysis has been shown by writers, literary critics and academic psychologists rather than by the medical profession, although nearly a quarter of a century ago, as Freud mentions in his *History of the Psycho-Analytical Movement*, Professor Vogt, University psychiatrist in Oslo, interested himself greatly in the subject. It is very important from the point of view of the status of psycho-analysis in the eyes of the public that at the University of Oslo it is recognized and represented, for Professor Harald Schjelderup, who, like his brother, the well known theologian, Dr. Kristian Schjelderup, is a member of the Swiss Psycho-Analytical Society, is Professor of Psychology and Director of the Psychological Institute at the University of Oslo. An excellent textbook of psychology by Professor Schjelderup, which contains a very good introduction to psycho-analysis, is widely used by Norwegian students. At the Michelsen Institute, which has a great reputation, the professorship of religious psychology has been given to a psycho-analyst, Dr. Kristian Schjelderup, who also edits a journal: *Das freie Wort*, which has a wide circulation. Dr. O. Raknes, the third Norwegian member so far of the International Psycho-Analytical Association, had already a considerable standing as a scientist (religious psychology) in academic circles before he came to Berlin for his very successful analytical training.

' Our Norwegian colleagues tell us that it is characteristic of the psycho-analytical movement in their country that though its representatives are principally laymen, it is on the other hand less isolated academically and stands in closer relation to the other schools of scientific psychology than is generally the case elsewhere. Of late, however, medical men have also been displaying a growing interest in psycho-analysis and increasing appreciation of it, and in the last two years several young Norwegian physicians have come to our Berlin Institute to be trained.

' Italy has long possessed two well known analysts, Professor Levy-Bianchini and Dr. Edoardo Weiss. The interest in psycho-analysis which has for some time been felt in that country has recently found a centre in the " Italian Psycho-Analytical Society ", a group of eminent psychiatrists and physicians which has been formed under the Honorary Presidency of Levy-Bianchini and the direction of Dr. Weiss who has moved to Rome. It gives me great pleasure to welcome at this Congress some of our new Italian psycho-analytical friends, as well as the two colleagues whom I have named, and I hope that soon, when the new Italian Society has further consolidated itself, we may welcome it as a Branch Society of the International Psycho-Analytical Association. This year the new Italian

Society has also begun to publish a journal of its own : the *Rivista Italiana di Psicoanalisi*.

' Spain has long possessed, thanks to the devoted work of a single individual, Señor Ballesteros y de Torres of Madrid, a complete edition of Freud's works. To-day we have with us the first practising Spanish psycho-analyst, our young colleague, Dr. Garma of Madrid. He was trained in Berlin and is a member of the German Psycho-Analytical Society.

' I reported at the Congress at Oxford that, since 1927, a group of University professors and physicians in Brazil had been devoting themselves seriously to the study of psycho-analysis. The movement began in Sao Paulo, and Rio de Janeiro followed suit. In the third number of last year's volume of the *Internationale Zeitschrift für Psychoanalyse* there was a report[1] by Professor Porto Carrero of Rio, on the very energetic work done by this group.

' Shortly after the Oxford Congress a new country began to give signs of an extremely lively interest in psycho-analysis. I refer to Japan. Under the leadership of K. Y. Yabe, the psychological expert of the Japanese railways, a group was formed consisting of physicians, psychologists and writers who are seriously occupying themselves with analysis. They are having Freud's works translated, meeting together for the thorough study of the theory and technique of psycho-analysis and using every endeavour to spread knowledge of it among the public by means of courses of lectures and the translations to which I have referred. In the spring of 1930 Mr. Yabe spent several months in England in order to work with Ernest Jones, and subsequently visited me in Berlin. He made a remarkably favourable and satisfactory impression on both of us. He has demonstrated in a most astonishing way that it is possible to acquire an extraordinarily good mastery of psycho-analytical theory and practice even at so very great a distance from the principal centres of our work and research. With the approval of the other members of the Central Executive I have provisionally admitted to the International Psycho-Analytical Association the Japanese Psycho-Analytical Society in Tokio, which at the moment consists of seven members. In the course of to-day's Business Meeting I shall ask for the official ratification of their admission.

' Just after we had admitted the Japanese Society, a second society was formed in Japan under the leadership of a certain Professor Marui of the Psychiatric Clinic at the Imperial Tohoku University at Sendai. This society also asked to be admitted to our Association but, as we had no further information about them and it is laid down in the statutes of our Association that the branch societies, with the single exception so

---

[1] This JOURNAL, Vol. XII, Part 4, 1931.

far of those in the United States, shall be national in their scope, we requested Professor Marui to associate himself and his group in the first place with the society in Tokio. Since then we have heard no more; we know only that this group is also getting Freud's works translated into Japanese, so that two sets of translations are appearing in that country.

'I cannot conclude my report without a reference to the personal losses sustained by our Association since we last met. Although the period under review was longer than usual, we have happily fewer gaps to record in our ranks through death. The Berlin Society has lost two highly esteemed older members. At Christmas, 1930, Frau Dr. Josine Müller died on a voyage to the Canary Isles, and at Easter, 1931, Dr. Hans Liebermann died. He was well known to many members of our Branch Societies. The Swiss Society has to lament the death of Dr. Nunberg, the highly gifted younger brother of Hermann Nunberg, who is one of our most valued members. I will ask you to stand up as a token of respect for the memory of the dead'.

III. Report of the General Treasurer

Dr. J. H. W. van Ophuijsen reported as follows:

'On September 1, 1929, the funds of the International Psycho-Analytical Association amounted to RM. 3836·97, while on September 1, 1932, they amounted to RM. 4159·62 *plus* H Fl. 988·08, making a total of approximately RM. 5806·42. There are still, however, some accounts to be paid, so that it may be assumed that the funds of the Association during these years have remained about the same. The sources of income have been the same as in past years and the expenditure has been on the same objects, so that I do not propose on this occasion to submit any account to the meeting, especially since we do not have our book-keeping audited!

'There are two points to which I wish to draw your attention. First, I have in some cases had more difficulty than hitherto in collecting the annual subscriptions. In several instances (e.g. that of Vienna and Hungary) this was due to external conditions. In one case, that of France, there seems to be no explanation.[2] In order to avoid any such difficulties for the future, it will presently be proposed to the meeting that the article in question in the statutes shall be altered to stipulate that the annual contributions of the Societies must be paid prior to a given date.

'The second and more important point is that, at the present time, our funds in marks are not at our disposal. From previous reports you

---

[2] *Correction.*—I am glad to be able to state that recently this remark was shown to be incorrect. I have learnt that the French Society had paid its subscription, but through an unfortunate misunderstanding by a third party the subscription had not reached me.—Van Ophuijsen.

are no doubt aware that we had lent the whole of our funds to the Psycho-Analytical *Verlag*. Professor Freud and Dr. Eitingon have informed you of the grave financial situation which has since overtaken the *Verlag*. When it reached the point at which bankruptcy could be avoided only by means of an arrangement with one group of creditors, under which another group consented for the time being to defer their claims, the Executive of the International Psycho-Analytical Association decided to range the Association with the second group, and to enter into an arrangement on the above terms. The Executive hopes that the meeting will approve this step. Since then, of course, no further loan has been made to the *Verlag*.

'The experience of the last few years justifies the assumption that it will be possible to manage with the same annual contribution. In proposing that the amount of this contribution be fixed at RM. 8 (or the equivalent), I wish to suggest that an exception be made in the case of the British Society and that their contribution should remain at eight shillings. As an offset there is the fact that we have less to pay for the English *Bulletin*'.

The proposal respecting members' contributions was carried unanimously and the Report was adopted without discussion.

IV. Reports of the Branch Societies

Dr. Edoardo Weiss amplified the Chairman's report of the work of the Italian Society. He stated that there was a large literature in Italy on the subject of psycho-analysis but that for the most part it adopted a hostile attitude towards analysis. He spoke with appreciation of Dr. Perotti's work in connection with the publication of the new *Rivista* and said that this journal had already a small list of a hundred subscribers. Dr. Weiss went on to say that, for the moment, the Italian Society could not enforce the strict conditions of admission observed by the other Societies but must tolerate rather more liberal conditions.

Continuing the Chairman's account of the work in Spain, Dr. Garma stated that he was trying to disseminate psycho-analysis in that country by lecturing to medical men and teachers. He thought that the changed political situation in Spain was favourable for the extension of psycho-analysis: for instance, an Out-patient Centre for psychic hygiene was being opened in Madrid and one department, in which he himself would hold consultations, would be devoted exclusively to the treatment of the neuroses by psychotherapy. Dr. Garma pointed out further that the development of the psycho-analytic movement in Spain was retarded by the fact that at present the whole work of propaganda was in the hands of a single individual, namely, himself. He asked members to support him in his work, especially by offers of lectures. (*Applause.*)

The Chairman thanked Dr. Garma and wished him success in his pioneer work.

Dr. Alfhild Tamm gave an account of her work in Sweden (Stockholm), where she is the only psycho-analyst. Last August the Scandinavian psycho-analysts joined together in a Study Group for the northern countries. In official psychiatric circles psycho-analysis has met with a friendly reception, but in the leading newspapers there is a very energetic resistance to it. Dr. Tamm asks members to support the Northern Study Group by offering to give lectures.

Mme. Bonaparte said that she would be prepared to give a lecture in Stockholm in the near future.

The Chairman thanked Dr. Tamm for the work she is doing in an isolated post.

Dr. Oberndorf reported on the situation of psychoanalysis in America. 'During the past three years there has been a marked expansion of interest in psychoanalysis throughout the country, but especially in those cities along the Atlantic Coast. This increase must be regarded as the fruition of the continuous efforts of the New York group, which for the past twenty years has served as a focus for the rest of the country.

'In May 1930, the first International Congress on Mental Hygiene was held in Washington, D.C. Among the invited speakers were Drs. Radó of Berlin, Helene Deutsch of Vienna, Van Ophuijsen of The Hague, Miss Mary Chadwick of London, Franz Alexander of Berlin, Pfister of Zürich, and Rank of Paris—all well-known adherents of psychoanalysis. Many of the American psychoanalysts also participated in the Washington meeting.

'In the autumn of 1930, Dr. Alexander went to Chicago as Professor of Psychoanalysis at the University of Chicago. Dr. Ernest Jones also visited America to attend the opening of the New York State Psychiatric Institute, where he delivered one of the outstanding addresses.

'In the autumn of 1931, Dr. Radó was called to New York as Visiting Director of the New York Psychoanalytic Institute which was opened that year. The New York Psychoanalytic Institute is located in the heart of the city in a building extremely well adapted for its purposes. The year just completed has been successful beyond the most sanguine hopes of the New York Psychoanalytic Society. The Institute has been under the able and conscientious directorship of Dr. Monroe A. Meyer. Last year it gave a series of courses for social workers, teachers, and allied professions; seminars for social workers; a course for physicians; and a series of popular lectures on topics of interest to the general public. Dr. Radó also gave a number of seminars open to members of the Society, which were well attended. A number of didactic analyses were also conducted by Dr. Radó and members of the New York group as well as

control analyses. The quality of the candidates is considered good. The New York Psychoanalytic Society, which is incorporated independent of the New York Psychoanalytic Institute, continues in control of all instructions designed for members of the Society and candidates; whereas the courses for persons who are not members are under the direction of the Institute.

'In addition to the two corporations mentioned above, we have formed a third corporation called the American Psychoanalytic Foundation, which succeeded the Educational Trust Fund of the New York Psychoanalytic Society. Its board of directors consists of three members of the Society and two laymen. The Foundation is a financial holding corporation with an endowment at the present time exceeding $50,000. Its aim is to promote the study of psychoanalysis in America. At present all the income from the endowment is being used to aid the undertakings of the New York Psychoanalytic Institute.

'Just before leaving New York we received word that the New York State Board of Education had granted to the New York Psychoanalytic Institute a charter as a teaching institution. We consider this a great achievement, as it enables teachers and others taking courses at the Institute to receive credit for their work such as is granted by universities. The Institute has not undertaken treatment of patients by psychoanalysis, as for this purpose a separate charter must be obtained from the New York State Board of Charities. Heretofore this Board has been reluctant to grant charters to independent clinics, as it believes that these should affiliate themselves with a large hospital where supervision is apt to be more continuous and rigid. We feel that the happy results attained in New York are due in no small measure to the amicable relation which we have established with the medical profession. For some time past most young physicians preparing to become psychiatrists have seriously considered their own analysis as part of their preparation for their future speciality. Moreover, the Committee on Medical Education of the New York Academy of Medicine—one of the most influential medical organizations in the country—has lent its endorsement to courses for physicians given under the auspices of the New York Psychoanalytic Institute. With the growth of the Washington-Baltimore group, the preparation for a similar group in Philadelphia which will doubtless result from Dr. Nunberg's present teaching in that city, with the activity in Boston where several skilled and competent analysts are now residing, and with the robust New York group, it is likely that within the next few years this particular area of America, numerically at least, will be the largest centre of psychoanalytic interest in the world.'

The Chairman thanked Dr. Oberndorf for the large amount of positive work achieved.

V. Reports of the Psycho-Analytical Institutes

Dr. Max Eitingon gave the following report of the Berlin Psycho-Analytical Institute:

'On this occasion only a very brief report of the Berlin Institute is necessary, for after the last Congress we published the report of our first ten years' work, with a very detailed account of what the Institute is and does.

'During the period under review work at the Institute has been extremely active. The number of training candidates has varied between twenty-five and thirty, of whom the majority were in the second half of their course. A number of these were both medical and lay candidates from America and Norway. There have been rather fewer new candidates, especially from medical circles.

'Ninety therapeutic analyses have been conducted, the number having fallen somewhat, as was to be anticipated. The economic crisis has made it very difficult for many of our colleagues to fulfil the condition according to which every member of the Society has to treat one case for the Institute free of charge. The economic situation has caused the resources of the Institute to be very seriously reduced and even jeopardized, for we have never had capital to secure our future. It is only through the formation of a little group of friends of the Berlin Psycho-Analytical Institute that we have been able to face the immediate danger, and with the support of these friends we hope to be able to carry the Institute on into better times. It is surely worth any sacrifice, for we are convinced that the future of psycho-analysis will be decided here, on the old continent of Europe, and that future depends mainly on our Institutes in which the teachings of psycho-analysis are conserved, developed and disseminated'.

Dr. Edward Glover gave the following report of the Institute of Psycho-Analysis in London:

'I shall not take up your time with a statistical account of our activities in so far as these are concerned with training for adult analysis. This side of the work has proceeded along more or less conventional and uneventful lines. Naturally we have made every endeavour to raise our standards, not only in training, but in the selection of candidates. At the same time we have tried to avoid setting up an unrealistic perfectionist system. Further we have spent some time investigating how far methods of control are capable of standardization.

'There is one matter concerning the relations of Psycho-Analysis to general medicine which may be of interest. We find that we have an increasing contact with young psychiatrists in the country. We get numerous inquiries and applications from physicians with psychiatric training or those about to specialize in psychiatry; many of them indeed

are rather hurt when they find that it is not possible for us to do very much for them unless they bind themselves to undergo the usual full training course. The fact remains, however, that it is now being taken for granted by the younger school of psychiatry that some knowledge of psycho-analysis is an essential part of psychiatric training.

' Turning to a new aspect of our activities, I have to report that two years ago we instituted a special department for the analysis of children and, following on this, have organized the systematic training of candidates in this branch. Naturally the department is as yet on a small scale, but we are arranging to expand it. Guided on technical matters by the expert advice of Mrs. Klein and Miss Searl, we have furnished a special room for this purpose, where, during the past two years as many as eight cases have been treated daily. I desire to acknowledge here the energy and devotion of Dr. Schmideberg, without whose co-operation the number of treatments would have been much smaller. We have appointed two control analysts for training in this speciality, viz., Mrs. Klein and Miss Searl; we have accepted applications for training and actually two candidates have already been passed as qualified to practise child-analysis.

' Naturally we had this scheme in mind for some time and took certain precautions in regard to the conditions governing candidature. In particular we gave all our members and associate members due notice that training in child-analysis would in future be a special branch and that applications for this training should be made by existing members and associates in the ordinary way. This puts into effect a general rule that training in child-analysis involves at least the same conditions for acceptance of candidates as are already applied in the case of adult analysis. Moreover, it implies that complete training in adult analysis must precede training in child-analysis. I am glad to be able to report that already we have had applications from members of the Society whose standing in adult analysis is of some years duration '.

Dr. Michael Bálint gave the following report of the Training Institute of the Hungarian Psycho-Analytical Society, at Budapest:

' In Hungary a public Out-Patient Centre can be started only with the permission of the Government. We had a long struggle, which at times seemed hopeless, before we obtained this permission. Naturally our most embittered opponents were the medical profession, especially the professors of Budapest University and, above all, the psychiatrists. It chanced that, at the same time, our statutes had to be officially reviewed. This gave rise to another conflict with officialdom, the bone of contention being the admission of lay members, whom our opponents desired to exclude. This dispute also ended satisfactorily for us. The Government enactment allows us in future to admit to full membership all persons with an academic training, while those without such training are to be admitted as associate

members only. Nothing is laid down in the statutes on the subject of medical or lay members.

'We began our work last summer. We have at our disposal a waiting-room and four other rooms. One of these is large enough to accommodate comfortably between sixty and seventy people. This we use as a hall for lectures and meetings and as a library.

'Our Institute is now a year old. We may hope therefore that it has left its childish ailments behind. We know that we could expect no outside help for it and realized from the very beginning that we should have to establish and maintain it by our own resources. Accordingly we have for some years been raising a fund to meet the initial costs. To cover current expenses we have imposed a levy on ourselves. Although these voluntary contributions amount to fairly large sums, there are very few members who have not promised to make them. Another source of income is the subscriptions for the courses of lectures and the almost negligible payments by patients. The Government forbids the Institute to charge fees for treatment.

'The Society has further had to provide out of its own resources for the therapeutic work. We have therefore tried as far as possible to persuade all members to co-operate in it. In the main we have been successful. In the first place every practising analyst is under an obligation to give at least six hours a week of his working time to the Institute. Further we have six consulting physicians, amongst them Ferenczi who is Director of the Institute, and two assistants who deal with the admission of new patients. The Child Guidance Department is conducted by another three members of the Society. In addition, four training candidates are already working at the Institute.

'During the first year, from July 1, 1931 to June 30, 1932, 222 adults applied for treatment. At the present time about twenty-five analyses are being conducted at the Institute and occupy about 110 hours a week. Unfortunately we have a waiting list of from sixty to seventy patients. We were prepared for pressure of this sort and at Ferenczi's suggestion we have introduced a procedure which to some extent mitigates this trouble. We call it among ourselves "analytic conversations". We ask the patients in question to come to the consulting-room once or twice a week and we talk over the material they give us. The time allotted to each patient is from fifteen to thirty minutes. No doubt this method has its limitations. It is not suitable in every case or for every individual. But our experience so far is enough to show that in suitable cases useful results can in this way be obtained. At present about twenty further cases are having this form of treatment.

'We have a Child Guidance Department. Here we have had applications for forty-three children and adolescents and the number of current analyses is about fifteen.

' All the lecture-courses and most of the seminars of the Training Committee are held at the Institute. The lectures are well attended : on some evenings our Lecture Hall, which seats from sixty to seventy persons, has proved too small. There is no doubt that since the Institute opened we have gained a larger public which includes an increasing number of medical men. An Institute exercises without doubt considerable attraction over the medical mind. We are now endeavouring to develop the training on systematic lines, so that the lectures and seminars will take all the more important aspects of psycho-analysis in turn.

' I must conclude with a few words on the least conspicuous but most important part of our work. I refer to the training proper, our training analyses. We now have eighteen candidates, six of whom are already doing therapeutic work under control. Thus, in the fairly near future we can look forward to a reinforcement of the ranks of our workers both for the Society and for the Institute '.

Dr. Helene Deutsch gave the following report of the Vienna Training Institute :

' Since the last Congress the Vienna Training Institute has done much to deepen and consolidate its work.

' The number of students is steadily increasing, even though here as elsewhere the financial world-situation must inevitably make itself felt. It is rather remarkable, though explicable for us on the spot, that the candidates who have suffered most from the economic difficulties are those of our own country. Both in the medical and the philosophical schools of the University (the faculties of psychology and pedagogy), the young students of Vienna are becoming more and more eager to train in psycho-analysis. Many of the candidates are unable to bear the cost of the training themselves and formerly the Institute was able to help them with small scholarships. Now our resources have come to an end and the result is that the students at the Institute are for the most part recruited from abroad.

' Last term we had 22 training candidates, of whom 12 were Americans, 2 Germans and 8 Viennese. The majority were physicians (12) ; of the other 10, 5 were teachers and 5 lay analysts. Almost all of the latter had been trained in philosophy.

' The Institute seems to have a special attraction for educationists, as is seen by the numerous applications for admission to the courses of lectures and the seminars. The persons most interested are the kindergarten teachers, but we also have applications from teachers in the intermediate schools. Many people who are interested in little children desire to train as children's analysts, but unfortunately, for the reasons I have mentioned, only a few of these can receive satisfaction.

' This attractiveness of the Vienna Institute is due to the remarkably

successful work of Anna Freud and A. Aichhorn. The courses of lectures given by the latter for teachers and other persons in charge of children are extraordinarily popular and have already assumed the character of a systematic ocurse of training. This part of our work is ably supported by the lectures given by W. Hoffer and by the work of Editha Sterba at the Advisory Centres for parents and for scholars at the intermediate schools.

' A glance at our syllabus for each term shows that much attention is given to training in therapeutic technique as well as to the pedagogic aspect of analysis. For some years past Dr. Hitschmann has conducted a seminar in technique, and now the Vienna Institute has started so-called control seminars, directed by Dr. Helene Deutsch. These are held once a week and four candidates read papers each giving an account of the course of an analysis *in continuo*, with all its mistakes and problems, just as is done in the sessions of an ordinary control analysis. Those present take part in the discussion of the analytic situation. These seminars have proved particularly valuable from the point of view of instruction.

' The training in theory has not been confined to the obligatory courses of lectures : some of the most successful work has been done in seminars, under Dr. Hartmann and Dr. E. Bibring.

' The propagandist activity of the Institute during the period under review has been directed not so much to the general public as to scientific organizations. Regular courses of lectures have been given by Dr. Jekels to the Medical Psychological Society.

' As our syllabuses show, the social sciences have unfortunately come off very badly. The branches of work which I have described have absorbed so much time and interest that there was not enough left for these sciences. For we have been working all the time five evenings a week, with a very lively attendance. There is only one accusation to which the Vienna Training Institute is open : We work too hard ! '

VI. Report of the Sub-Committee appointed by the Oxford Congress

Dr. Jones submitted the report of the sub-committee appointed by the Oxford Congress to draw up regulations for the admission and training of candidates. (See the minutes of the meeting of the International Training Commission, p. 157 ff.)

The regulations worked out by the sub-committee were received with applause and adopted unanimously.

VII. Admission of New Branch Societies

On the motion of the Chairman, the Japanese Society was admitted to the International Psycho-Analytical Association.

The following resolution on the reorganization of the Branch Societies in U.S.A. was adopted with applause :

' The Congress notes and approves the reorganization of the American Psychoanalytical Association into a " Federation of American Psychoanalytic Societies ". In consequence of this change the American Psychoanalytical Association (Federation of American Psychoanalytic Societies) ceases to be one of the Branch Societies of the International Psycho-Analytical Association, and from now on will act only as the executive body of such Branch Societies as exist in the United States, and devote itself to the task of organization and supervision. The reorganized American Psychoanalytical Association (Federation of Psychoanalytic Societies) shall submit its statutes and any proposed future alterations of the statutes to the Congress or the Central Executive for approval. Any further psycho-analytical societies in the United States can be admitted as Branch Societies to the International Psycho-Analytical Association only on the recommendation of the Executive of the American Psychoanalytical Association (Federation of Psychoanalytic Societies).'

The two American Branch Societies of Chicago and Washington-Baltimore were then formally admitted to the International Psycho-Analytical Association.

Dr. Eitingon thanked Dr. Brill for his great services in the American Society and put the following proposal to the Congress :

' In the United States new Societies have recently been formed which have now joined in the great federation of Psycho-Analytical Societies in the States. We therefore propose that a seat on the Central Executive of the International Psycho-Analytical Association be given to a representative, i.e. the President, of the Federation of American Psychoanalytic Societies, and that a third Vice-President be created who, unlike the other Vice-Presidents, shall be appointed by the Congress. This would accordingly now be the President of the Federation of American Psychoanalytic Societies, Dr. A. Brill, who has rendered such signal service to psychoanalysis in America '.

Amidst great applause Dr. Brill was elected third Vice-President.

VIII. Communications and Proposals

Dr. J. H. W. van Ophuijsen proposed that the following alterations be made in the Statutes :

Art. 4.—' . . . ; proposals in this connection must be submitted in writing to the Central Executive of the I.P.A. The statutes of the Branch Societies shall not contain any clause contravening the statutes of the I.P.A. The Branch Societies shall submit any proposed alterations in their statutes to the Central Executive for approval. If a Branch Society desires to withdraw from the Association, notice is to be given in writing to the Central Executive of the I.P.A.'.

Art. 5.—' . . . these subscriptions to be paid to the Treasurers of the Branch Societies, who shall forward them to the General Treasurer before the 1st of September in each year '.

Art. 7.—' The Central Executive shall consist of the General President, the General Secretary, the General Treasurer and three members as advisers to the General President.

' The General President, the General Secretary and the General Treasurer shall be elected by the Congress to serve till the next Congress. The advisory members shall be the last two ex-General Presidents and the President of the American Psychoanalytical Association '.

The proposed alterations were unanimously approved.

Dr. Eitingon put the following motion with reference to the *Internationaler Psychoanalytischer Verlag :*

' All our Branch Societies have already considered the urgent appeal addressed to us all by Professor Freud on the subject of the *Verlag* and its desperate situation. In a circular letter I myself tried to give the Societies a precise account of its financial position, explaining the extent of its liabilities and the steps necessary to come to its help at the moment and to establish it on a sound basis. You know that a moratorium to hold good for two years was agreed upon with that group of creditors whose claims were most pressing. By the end of this period a sum of about 180,000 Austrian schillings has to be paid to these creditors to clear the debts owing to them. Whilst this is being done, the *Verlag* will further require a subsidy, especially as the economic position in the book-market is catastrophic. The total amount required for this reorganization would thus be 30,000 dollars. After prolonged discussion with a number of colleagues belonging to the different Societies we decided to adopt a suggestion made by the Vienna Society and we proposed in our circular letter that the Societies should be asked to find about 3 dollars monthly for each member over a period of two years. The Societies of Vienna, Berlin, Britain, Hungary and Switzerland have already agreed to this. The American Societies were holding no further business meetings in the summer and thus could not so far decide on the question. We may hope that they will associate themselves with the action of the Societies which I have named. We ask the General Meeting of the Congress to urge the other Societies also to follow this example, which is the only worthy response to Professor Freud's appeal. In order that, after this assistance, the *Verlag* may be brought into closer connection than hitherto with the I.P.A. we propose further that a committee be appointed to take over control of the *Verlag*, and to establish the closest connection between it and the I.P.A. '.

The resolution was carried unanimously.

Dr. Jones proposed that the committee for the control of the *Verlag* should consist of the following persons :

Marie Bonaparte, Princesse de Grèce, Paris.
Dr. A. A. Brill, New York.
Dr. Ernest Jones, London.
Dr. Clarence Oberndorf, New York.
Dr. J. H. W. van Ophuijsen, The Hague.
Dr. R. A. Spitz, Berlin.
Dr. Ph. Sarasin, Bâle (Secretary).

The proposal was unanimously adopted.

Dr. Eitingon put the following resolution :

' All members contributing original papers to be published by the *Verlag* in one of its four periodicals shall be asked to forgo any fee. Abstracts and reviews shall be paid for as usual '.

The resolution was carried unanimously.

The Chairman moved the following further resolution :

' The Central Executive is requested to arrange, if possible, for the publication of a current bibliography of psycho-analytical literature.

' *Grounds :* The lack of such a bibliography makes it very difficult to keep track of the very extensive literature.

' Other general psycho-analytical bibliographies are accessible only to a few.

' *Method of accomplishment :* The bibliography could be published, at a negligible increase in cost, as an appendix to *Imago*. It might contain a survey of the contents of the periodicals published by different Societies as well of the three official organs of the I.P.A. and could also include all writings on kindred subjects published by members of the Association elsewhere.

' *Possible extension :* At a suitable point the hiatus between the *Index Psycho-Analyticus* and the current bibliography could be bridged by a special publication '.

The resolution was carried with applause.

Dr. Hárnik reported that he and Dr. Graber of Stuttgart were preparing a new series of publications entitled *Ergebnisse der Psychoanalyse* and asked members to co-operate with them. Dr. Jones said that he did not feel able to give an opinion on this project without previous consideration. He thought we should be on our guard against having too many irons in the fire and he asked that the question of the new publications should be discussed with the *Verlag* Committee.

It was left to the Central Executive to make the changes in the statutes arising out of the resolutions adopted by the Congress.

IX. Re-election of the President of the International Training Commission

Dr. Jones proposed that Dr. Eitingon be re-elected President of the International Training Commission.

The proposal was carried amidst applause.

X. Re-election of the Central Executive

Dr. Eitingon vacated the Chair and asked Dr. Jekels as senior member present to take his place. Dr. Eitingon then requested to be permanently relieved of office and proposed Dr. Ernest Jones as President. The proposal was adopted amidst applause.

Dr. Jekels paid tribute to Dr. Eitingon's services and asked the Congress to record their great regret at his resignation and, in accepting it, to show their appreciation by their applause.

The Congress followed Dr. Jekel's invitation.

Dr. Ernest Jones was then formally elected President. Dr. van Ophuijsen was re-elected General Treasurer and Frl. Anna Freud General Secretary.

Dr. Jones took over the office of President amidst applause. He thanked the Congress for the honour done him and promised to do his utmost for the Association. He proposed that a departure be made from the usual custom and that the Congress express its thanks to Dr. Eitingon.

This was done amidst great applause and the whole assembly rose.

Dr. Eitingon congratulated the Congress on its choice of a new President and thanked members for the honour done him. Furthermore, he particularly desired to thank Dr. and Frau Dr. Landauer for their services in preparing for the Congress.

Dr. Radó was re-elected by acclamation to the office of Secretary of the International Training Commission.

Dr. Sarasin repeated the Swiss Society's invitation to hold the next Congress in Switzerland. Dr. Jekels asked that the question of holding it in Austria might be considered, because some of the oldest members of the International Psycho-Analytical Association were in Vienna and found long journeys difficult.

The Congress thanked Dr. van Ophuijsen and Frl. Anna Freud for all the work done by them in the past year.

Dr. Jones then declared the meeting at an end.

Anna Freud,
General Secretary.

LIST OF MEMBERS OF NEWLY ADMITTED SOCIETIES

THE WASHINGTON-BALTIMORE PSYCHOANALYTIC SOCIETY

Members of the Charter :

* Member of International Psycho-Analytical Association, through American Psychoanalytic Society.

† Member of International Psycho-Analytical Association, through American Psychoanalytic Society and New York Psychoanalytic Society.

*Anna C. Dannemann (Mrs. Colomb), 61 Slater Avenue, Apt. 7, Providence, Rhode Island.

*Lucile Dooley, 1910, Kalorama Road, N.W. Washington, D.C.

*Ernest E. Hadley, 1835, Eye Street, N.W. Washington, D.C.

*Nolan D. C. Lewis, Saint Elizabeth's Hospital, Washington, D.C.

*Edward Hiram Reede, Medical Science Building, Washington, D.C.

†William V. Silverberg, The Sheppard and Enoch Pratt Hospital, Towson, Maryland.

*Harry Stack Sullivan, 277 Park Avenue, Apt. 12-K, New York City.

*William A. White (Honorary Member of the Charter), Saint Elizabeth's Hospital, Washington, D. C.

A. A. Brill (Honorary Member), 1 West 70th Street, New York City.

*Loren B. T. Johnson, 1900, 24th Street, Washington, D.C.

*G. Lane Taneyhill, Medical Arts Building, Baltimore, Maryland.

*Lewis B. Hill, 617 West University Parkway, Baltimore, Maryland.

Associates :

Temple Burling, The Sheppard and Enoch Pratt Hospital, Towson, Maryland.

Marjorie Jarvis, 604 East 34th Street, Baltimore, Maryland.

Bernard S. Robbins, The Sheppard and Enoch Pratt Hospital, Towson, Maryland.

Alexander R. Martin, The Sheppard and Enoch Pratt Hospital, Towson, Maryland.

A. Ray Dawson, Walter Reed Hospital, Washington, D.C.

JAPANESE PSYCHO-ANALYTICAL SOCIETY

Members :

Asaba, Takeichi, M.D., Kumagaya Hospital, Yuminomachi, Okayama City.

Mawatari, Kazue, M.D., 496, Kita-Senzoku, Magomemachi, Tokyo-fu.

Nasu, Akiya, B.S., Mechanical Engineer, 21, Oyama, Shibuya, Tokyo-fu.

Sekiguchi, Saburo, M.D., Ikeda Hospital, 7 of 4-chome, Kobikicho, Kyobashiku, Tokyo City.

Shibakawa, Matataro, M.D., 627, Kami-Meguro, Tokyo-fu.
Tsushima, Kanji, M.D. (Secretary), 825, Motoshiba, Oimachi, Tokyo-fu.
Yabe, Yaekichi, A.B. (President), 825, Motoshiba, Oimachi, Tokyo-fu.

Report of the *Verlag* Committee of the International Psycho-Analytical Association

The *Verlag* Committee of the International Psycho-Analytical Association was appointed by the Twelfth International Psycho-Analytical Congress, held at Wiesbaden, at the Business Meeting on September 6, 1932. It consists of the following members:

Dr. Ernest Jones, London (Chairman),
Marie Bonaparte, Princesse de Grèce, Paris,
Dr. A. A. Brill, New York City,
Dr. Clarence Oberndorf, New York City,
Dr. J. H. W. van Ophuijsen, The Hague,
Dr. R. A. Spitz, Berlin,
Dr. Ph. Sarasin, Bâle (Secretary).

In three meetings the Committee has already made thoroughly effective use of its powers, after an exhaustive examination of the position of the *Verlag*. The Committee therefore offers every assurance that the business of the *Verlag* is being radically reorganized and piloted towards a more tranquil future.

A sub-committee of three members (Jones, van Ophuijsen and Sarasin) will receive, at least once a month, a detailed account of the progress of the *Verlag*. The whole Committee will receive, at least once a quarter, a comprehensive report, to be drawn up by the Secretary.

Dr. Martin Freud, the Business Manager of the *Verlag*, was present at all the meetings of the Committee.

On behalf of the Chairman of the *Verlag* Committee of the International Psycho-Analytical Association,

Sarasin,
Secretary.